VOCATIONAL ASPIRATIONS OF DOCTORAL STUDENTS IN
THE COUNSELING PROFESSION

By

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TABLE OF CONTENTS

iv

Abstract of Dissertation Presented to the Graduate School
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The purpose of this study was to investigate the
preferred vocational settings, preferred work activities,
and related perceived levels of competency of doctoral
students enrolled in accredited counseling preparation
programs. Influences of factors including program,
gender, candidacy status, and number of postbaccalaureate
hours also were investigated.

The theoretical basis for the study was Bandura's
self-efficacy theory. The primary supposition was that
perceived levels of professional competency would be
related to preferred settings and professional activities,
and that the relationships would differ on the basis of
type of preparation program.

vi

Respondents were 207 doctoral students enrolled in 13 accredited counselor education and 13 counseling psychology programs located across the country. The Doctoral Student Questionnaire (DSQ) was used to obtain data on students' preferred settings and work activities, and related perceived levels of competency. The DSQ was from an instrument developed by Fitzgerald and Osipow for their 1986 Occupational Analysis of Counseling Psychology.

Few differences in preferences, perceived levels of competency, or the relationships between them were found among the factors investigated. Counselor education students preferred academic settings, whereas counseling psychology students expressed greater preference for working in direct service settings. Both groups preferred similar professional activities, but counselor education students expressed stronger interest in academic-related activities. The major finding was that counselor education students perceived themselves to be more capable of engaging in four of seven professional activities than did counseling psychology majors. There were no differences between the two groups on the bases of gender, candidacy status, or number of postbaccalaureate hours completed. Professional and self-perspectives of counselor education and counseling psychology students are apparently very similar. Because, theoretically, counseling and counseling psychology are different

professions, further research is recommended to determine
if there are actual differences in practice and how
doctoral program graduates' professional perceptions and
self-perceptions relate to effectiveness in various
counseling service delivery activities. Additional
research also is needed to identify programmatic and other
factors influencing counselor education and counseling
psychology students' preferred settings, preferred
vocational activities, and related perceived levels of
competency.

CHAPTER I
INTRODUCTION

What are the things about counseling
psychology that make it such a pain--that
interfere with professional functioning? A
major one is that we have to work so hard and
spend so much time not to be confused with other
groups. We want to be neither fish (fish are
clinical psychologists: they are cold fish who
believe in the medical model, have a circa 1950s
VA orientation, give lots of Rorschach's in
spite of the research evidence, and pompously do
long term psychoanalytic therapy that really
isn't appropriate anyhow) nor foul (foul are
counselor educators or guidance and counseling
graduates: they stink. They are not too bright,
and were ill-trained in ridiculously easy
education departments where they took such
rinky-dink courses as "Pupil Personnel III: The
Counselors Bulletin Board." They try to "pass"
as counseling psychologists but always prove
incompetent and wouldn't know a compulsive
neurotic from an electrical engineer. Aside
from all that, both groups are the enemy.
(Weigel, 1977, p. 51)

The counseling profession has undergone dramatic

change in the past 20 years. Counselors, psychologists

(both clinical and counseling), and psychiatrists have

witnessed numerous changes, many as a result of new

professional accreditation, licensure, and certification

procedures. The advent of such procedures led to

considerable controversy and confusion among many

1

helping professionals. Herr and Cramer (1987) delineated the current situation well:

> The development of such accreditation and certification processes [for counselors] independent of other helping professional groups provides fodder for conflicts and controversies among the helping professions. At issue are matters of power, ownership of training content and processes as well as independence of identity and regulations which at once denigrate history and territory as the prime criterion for professional function. (p. 58)

In addition to the difficulties associated with professional credentialing movements, the counseling profession has been besieged with questions relating to overlap between the terms "counseling" and "psychology." When used separately to encompass the provision of mental health helping services, both descriptors are at best confused by the general public, and when used jointly, as in the term "counseling psychology," even greater confusion results. The public's confusion has been further confounded by professional identity issues among "counselors" and "psychologists."

In order to facilitate understanding, an arbitrary distinction between the terms "counselor" and "psychologist" has been used throughout the remainder of this dissertation. The term "counselor" has been used hereafter to refer to professionals who have received doctoral degrees from departments of counselor education

(which are typically housed in Colleges of Education).
Alternatively, the term "psychologist" has been used to
refer to professionals who have received doctoral degrees
from departments of psychology (which are typically housed
in Colleges of Arts and Sciences). It is noted that in
some cases the term "counselor" is applicable to
professionals who have received master's degrees from
departments of counselor education. Applications in this
latter regard are specifically noted in the following
discussions. Finally the term "counseling profession" has
been used hereafter to refer to the professionals who are
graduates of either departments of counselor education or
psychology.

Distinctions between counseling and psychology are
less murky when viewed from professional and historical
contexts. Psychology and counseling, as licensable
professions, have not received the same degree of
scientific support received by their counterparts in the
"hard" sciences (e.g., medicine and engineering). Gazda
(1980) cited the case of Berger v. Board of Psychological
Examiners (1975):

> The very reason that psychology has not been
> regulated before is that it has been and remains
> an amorphous, inexact and even mysterious
> discipline. Possession of a graduate degree in
> psychology does not signify the absorption of a
> corpus of knowledge as does a medical,
> engineering or law degree; rather, it is simply
> a convenient line for legislators to draw, on
> the brave assumption that whatever is taught in
> varied graduate curricula of university

psychology departments must make a competent
psychologist at the least.   (p. 23)

As inexact disciplines, both counseling and
psychology have struggled to define their "territory," and
more importantly, have sought to distinguish their own
separate identities within the broad realm of the helping
professions. Unfortunately, the common supposition that
the counseling and psychology fields are closely aligned
philosophically lends credence to the common misconception
that they are one and the same. However, although there
is good reason to believe that the professions are aligned
philosophically from past judicial decisions as well as
legislative actions, it is also evident that they differ
considerably in regard to professional identities and work
settings.

Sweeney and Witmer (1977) cited the case of Weldon
v. Virginia Board of Psychological Examiners (1972) in
which a district court judge ruled that guidance and
counseling was a separate profession from psychology and
should be regulated accordingly. Furthermore, a district
judge in Ohio (Ohio State Board of Psychology v. Cook,
1975) found that trained, competent counselors were
entitled to practice their specialty even though not
trained as psychologists. These and other legal
precedents were of obvious benefit to counselors who
desired to practice their specialty. Moreover, they

heightened the awareness of the general public and professionals in both fields regarding the respective professional identities; counseling and psychology should no longer be viewed as a singular vocational entity.

Aside from professional commonalities, the historical roots of the counseling and psychology movements are of importance in order to comprehend the current states of both professions. Both counseling and counseling psychology evolved from the vocational guidance movement of the 1950s and both groups have strong roots in the practice of counseling within schools and universities (Herr & Cramer, 1987). In a traditional sense, the term counseling has been frequently associated with educational settings. Another historical commonality is the use of similar treatment modalities including psychotherapy (Herr & Cramer, 1987). However, in spite of these common historical roots, the two professions are actually in a state of upheaval. Professional identity, in terms of job roles and functions, remains a key issue in distinction controversies.

The actual job roles of counselors and psychologists serves as a source of confusion and uncertainty to the general public. As Wrenn (1977) stated, "a counseling psychologist is a psychologist at the doctoral level who is prepared to practice counseling" (p. 10). Wrenn went on to suggest that the primary difficulty is in defining

the term counseling. Shertzer and Isaacson (1977) offered a similar perspective in regard to the professional identity issues surrounding the term counseling:

> Because the overlapping territory of counseling and psychology is far less than total, questions of congruence, loyalty, and even professional identity not infrequently rise to the surface. Attempts to capture the term "counseling" and hold it as a telling descriptor to which can be given a special, professional and limited definition have been as useless as Don Quixote's battles. The title has been seized by realtors, funeral directors, used car dealers, bankers and a host of others who apply it in a way that makes most counseling practitioners uncomfortable, to say the least. (p. 35)

Also contributing to the controversy was a 1983 American Mental Health Counselors Association (AMHCA) report in which it was stated, "available estimates are that one-third to one-half of all mental health services are provided by counselors who are providing similar treatment to that offered by psychologists" (p. 8). For the most part, statements about this controversy have centered on distinguishing between counselors, some of whom have been trained and allowed to practice with a master's degree, and counseling psychologists, who traditionally have not been permitted to practice until completion of a doctoral degree. However, the controversy over job roles and functions of doctoral-level counseling service providers (i.e., counselors and psychologists holding doctoral degrees) is even more confounded.

Doctoral students who select a graduate program in either Counselor Education or Counseling Psychology have tended to do so with preconceived notions of the types of positions they would like to pursue upon completion of their respective programs. Therefore, knowledge of preferred vocational settings, professional activities, and perceived levels of competency of the students would be beneficial in ascertaining the types of job roles and functions, as well as settings, these students wish to pursue. Implications of such knowledge have relevance in terms of both professional identity issues and appropriate job functioning. The potential implications were perhaps best delineated by Hahn and MacLean (1955) who stated, "no group of workers can be accepted as a profession if they duplicate wholly or in major part the functioning and processes of another group under another name" (p. 28).

Theoretical Framework

Self-efficacy theory (Bandura, 1977) is based on the supposition that individuals (e.g., counselors and psychologists) make decisions with the belief that certain behaviors can be performed. Furthermore, given adequate incentives and skills, the intensity of the belief determines whether the behavior actually occurs and the duration of the amount of effort to be expended. Therefore, self-efficacy theory has been viewed as an integral element of the career decision-making process.

Hackett and Betz (1981) suggested that self-efficacy played an important role in the career decisions of both men and women. More importantly, the authors believed self-efficacy theory to be particularly useful in understanding the career decision-making processes of women. Self-efficacy theory has been related to career related behaviors, that is, the activities in which individuals actually engage in their work settings. According to Lent et al. (1986), self-efficacy afforded

> a relatively robust and flexible model that may help to explain complex as well as discrete behavior. That both strength and level were related to persistence and success in major choice supported Hackett and Betz's predictions. (p. 335)

Moreover, Hall (1982) and Soldwedel (1980) found that women's grades, levels of confidence, and academic career aspirations declined during the course of their academic training while those of men increased. Hence, self-efficacy may serve as a theoretical framework to examine what, if any, gender differences exist between men and women in professional counseling training programs as well as the related implications of those differences.

Differences in vocational behaviors among men and women in professional preparation programs have become increasingly important. According to the National Research Council (1983), women have received larger numbers and percentage of doctorates awarded each year.

In 1983 women received 34.0% of the doctorates awarded in the United States. More pertinent here, Hollis and Wantz (1983) reported that women earned 52.0% of the Ph.D.s awarded in the field of counselor education in 1983. In accordance with this trend, Anderson and Rawlings (1985) found that 60.0% of the assistant professors of counselor education in the state of Illinois were women, leading the authors to conclude that women will play an ever-increasing role in the training of counselors and psychologists.

Two other independent variables selected in relation to self-efficacy theory were candidacy status and number of postbaccalaureate hours earned in program. Inclusion of these variables stemmed from Bandura's (1982) rationale for how individuals acquire self-efficacy. He posited that performance accomplishments and vicarious experiences were significant factors in the development of an individual's self-effiacacy.

Personal accomplishments have been referred to as the general notion that learning occurs through gaining mastery over previously feared or difficult tasks. In addition, vicarious experiences have been found to impact self-efficacy through the observation of other people and/or events (Bandura, 1982). Hence, from an educational perspective, both personal accomplishments and vicarious experiences may impact students' level of self-efficacy

for the following reasons. As students progress through
doctoral-level counselor training programs, they have
reported difficult and sometimes fearful tasks
(Evangelauf, 1989). Furthermore, doctoral students have
frequently reported the observation of significant others
(i.e., mentoring) as an important element in their
academic and professional development (Hall & Sandler,
1983). An outcome of these factors has been the belief
that levels of self-efficacy should increase, at least
theoretically, as students progress through their
respective training programs.

The importance of self-efficacy theory is related to
its potential impact on training programs as well as
professional identity issues. Both counselors and
psychologists complete coursework in areas such as
counseling theory, measurement, research, and
consultation. However, the nature of the training (i.e.,
the perspectives from which courses are taught) is
distinctly different. Traditionally, counseling
psychology programs have placed more emphasis on theory
and research, whereas counselor training programs have
placed more emphasis on practical application and
experiential learning approaches. However, both types of
programs purport to produce well-trained graduates who
function effectively in a variety of roles and settings.

Hamilton (1977) suggested that evaluation of doctoral programs holds the key to the future of the counseling profession. Self-efficacy theory affords a framework for an essential part of such evaluation (i.e., assessment of preferred vocational settings, preferred activities, and perceived levels of competency) that permits an objective comparison of two primary mental health service providers, counselors and psychologists.

Statement of the Problem

The problem addressed in this study was that differences in preferred vocational settings, professional activities, and perceived levels of competency of doctoral students in accredited Counselor Education and Counseling Psychology programs were unknown. It was also unknown whether there were differences on the basis of the program, gender, candidacy status, and number of postbaccalaureate hours completed of students.

Rationale for the Study

Doctoral students need to be especially cognizant of a variety of factors potentially influencing their careers during their formative years as aspiring professionals. Professional identity factors, such as job roles and functions, employment settings, roles of other helping professionals, perceptions of other professional training programs, and self-efficacy issues are among the factors most important in this regard.

Support for professsional awareness was offered by
Myers (1982). He noted that students being informed about
the specific settings in which they were employable was
viewed as an integral component of graduate training. In
addition, he encouraged graduate program faculty to seek
out actively information about other mental health service
providers. Hill (1977) also suggested that training
program faculty inform their students of the diverse
services provided by the array of mental health providers,
including those not encompassed under the general term
psychology. In general, encouragement has been given to
both training program faculty and students to elucidate
(and thereby possibly differentiate) the total spectrum of
mental health services instead of perpetuating negative
stereotypes of which professionals do what, where, and
with which levels of proficiency and efficiency.

Another rationale for increased vocational awareness
was based on perceived overlap in competencies among
doctoral-level counselors and psychologists. Both groups
purport to use counseling/psychotherapy as their primary
intervention modality. However, Hill (1977) viewed
counseling psychology as in a crisis of being engulfed by
counselor education or clinical psychology. The
traditional concept of counseling has been suggested as
more appropriate for use with "normal" functioning
individuals as opposed to those with "clinical"

abnormalities. However, Hill (1977) also pointed out that there was a significant degree of overlap between the two professions because counseling was actually an appropriate intervention for both types of clients.

The professional identity issue becomes even more complicated when positions "reserved" for counseling psychologists are filled by counselors or when counseling psychologists are employed as counselor educators (i.e., as instructors in preparation programs). Thus the apparent overlap and lack of clear professional identity have contributed to the confusion surrounding job roles and functions in the counseling related professions. As Hill (1977) stated, "once a person has graduated from school and is in a job, the differences in actual job roles appear to be more a function of personal preference and job demands than of background" (p. 50). Thus, diversity of career options appears to contribute to a lack of clear professional identity for both doctoral-level counselors and psychologists.

Hamilton (1977) found that key elements of professional identity were activities implicit in counselor preparation programs. These included student selection procedures, program content, training models, and employment settings and actual job roles of graduates. Thus, the instillment of professional identity was viewed by Hamilton as formative during counselor preparation.

Therefore, the importance of counselor preparation program faculty instilling realistic and appropriate vocational aspirations is an essential link in the development of professional identity among future counseling professionals.

Purpose of the Study

The primary purpose of this study was to determine the preferred vocational settings, professional activities and perceived levels of competency of doctoral students in accredited counselor education and counseling psychology programs. Also to be determined was how their preferred vocational settings, professional activities and perceived levels of competency varied as functions of program, gender, candidacy status, and number of postbaccalauteate credit hours completed.

Research Questions

Vocational Settings

1.   Is there a significant difference in preferred vocational settings between counselor education and counseling psychology students?

A.   Is there a significant difference in preferred vocational settings of male and female doctoral students in counseling preparation programs?

B.   Is there a significant difference in preferred vocational settings of doctoral students

who are candidates for their degree and those
who are not?

C.   Is there a significant interaction effect
of counseling students' program, gender, and
candidacy status on their preferred vocational
settings?

Preferred Activities

2.   Is there a significant difference in preference for
professional activities between counselor education and
counseling psychology students?

A.   Is there a significant difference in preference
for professional activities of male and female
students in counseling preparation programs?

B.   Is there a significant difference in degree of
preference for professional activities of doctoral
students who are candidates for their degree and
those who are not?

C.   Is there a significant interaction effect of
counseling students' program, gender, and candidacy
status on their degree of preference for professional
activities?

Competency Levels

3.   Is there a significant difference in perceived levels
of competency between counselor education and counseling
psychology students?

A.   Is there a significant difference in perceived

levels of competency of male and female students in counseling preparation programs?

B.   Is there a significant difference in perceived levels of competency of doctoral students who are candidates for their degree and those who are not?

C.   Is there a significant interaction effect of counseling students' program, gender, and candidacy status on their perceived levels of competency?

Relationships by Postbaccalaureate Hours

4.   Is there a difference between doctoral students in counselor education and doctoral students in counseling psychology in terms of the relationship between their vocational aspirations and the number of postbaccalaureate hours completed?

5.   Is there a difference between doctoral students in counselor education and doctoral students in counseling psychology in terms of the relationship between their preferred professional activities and the number of postbaccalaureate hours completed?

6.   Is there a difference between doctoral students in counselor education and doctoral students in counseling psychology in terms of the relationship between their perceived levels of competency and the number of postbaccalaureate hours completed?

Preferred Activities and Perceived Competency by Program

7. Is there a significant difference in relationship between preferred activities and the related perceived levels of competency on each of the seven professional activities between counselor education and counseling psychology doctoral students?

Definition of Terms

The following terms are defined as follows to facilitate understanding of this dissertation.

APA accredited refers to a doctoral-level counseling psychology preparation program accredited by the American Psychological Association.

CACREP accredited refers to a doctoral-level training program (for counselors) accredited by the Council for the Accreditation of Counseling and Related Educational Programs.

Candidacy status is a dichotomous descriptor used to characterize whether doctoral student is an actual candidate for his/her degree.

Counseling is defined as an interaction process which facilitates meaningful understanding of self and environment and results in the establishment and/or clarification of goals and values for future behavior (Shertzer & Stone, 1966, p. 26).

A counseling psychologist is a fully matriculated graduate of an APA-accredited training program.

A <u>counseling psychology doctoral student</u> is a doctoral-level student currently enrolled in an APA-accredited counseling psychology program.

A <u>counselor education doctoral student</u> is a doctoral-level student currently enrolled in a CACREP-accredited Counselor Education program.

A <u>doctoral-level counselor</u> is a fully matriculated graduate of a CACREP-accredited training program.

<u>Gender</u> refers to a designation of male or female through self-report of the respondents.

<u>Perceived adequacy of training</u> is defined as the degree to which doctoral students rate their preparation for participation in professional activities as expressed on the Doctoral Student Questionnaire, a Likert-type scale, self-report inventory.

<u>Post-baccalaureate hours completed</u> are the total number of post-undergraduate degree semester hours completed as reported by the respondents on the Doctoral Student Questionnaire.

<u>Professional activities</u> is a global term used to describe the professional activities as indicated by each respondent on the Doctoral Student Questionnaire.

<u>Vocational (placement) aspiration</u> refers to the preferred vocational setting as indicated by each respondent on the Doctoral Student Questionnaire.

Organization of the Remainder of the Study

The remainder of the study has been organized into four additional chapters. Chapter II entails a review of the related literature. In Chapter III is detailed the methodology, including population and sampling, design of the study, data analyses, and methodological limitations. Chapter IV contains the data analyses and research findings. Finally, Chapter V includes interpretation and discussion of results, discussion of the limitations of the study, and implications for further study.

CHAPTER II
REVIEW OF THE RELATED LITERATURE

Presented in this chapter is literature relating to the importance of preferred vocational settings, preferred professional activities, and perceived levels of competency of counseling psychology and counselor education doctoral students. Major relative themes of interest to be reviewed include historical significance, economic impact, political significance, and professional identity concerns of counselors and psychologists. Next, literature relating to potential application of self-efficacy theory to counselor and psychologist training programs is presented. Finally, future trends of mental health services are presented as they relate to the need for counselor/psychologist services and the settings in which these services are provided.

Historical Significance

Within a global perspective, Knesper, Pagnucco, and Wheeler (1985) claimed the current American mental health provider system was the result of response to historical antecedents as opposed to careful and deliberate planning.

20

They noted that, theoretically, initial emphasis should
have been placed on the operational aspects of the system
and what types of services were needed instead of who
could or should provide services. Direct service
providers of course play vital roles in the remediation of
mental health difficulties. However, the general public
has not been served in optimal manner as a result of
territorial disputes and general lack of cooperation among
service providers in general, and between counselors and
psychologists in particular. Myers (1982) warned of the
dangers of excluding qualified mental health service
providers when millions of clients were unable to receive
mental health services. Addressing counseling
psychologists in particular, he offered the following
condemnation of such activities:

> Training programs should acquaint students
> with the inconsistency that results when
> counseling psychology decries the lack of
> adequate mental health services on the one hand,
> and on the other hand supports and encourages
> activities which are designed to preempt the
> efforts of other human service providers. All
> occupations have their dilemmas: this is ours:
> Scholars of occupations should not hide it from
> their own. (p. 43)

In the past, students in counselor and psychologist
training programs have not been provided comprehensive
information describing services of other mental health
professionals. The resultant lack of understanding has
contributed to a climate of distrust and uncertainty among

professionals. Unfortunately, consumers of mental health services are the ultimate victims of this professional discontent.

Herr and Cramer (1987) suggested that most professional discord stems from several key historical events. Although counselors and psychologists have many commonalities, including having evolved from the "guidance movement" and the use of similar therapeutic interventions, an impetus for their separation was a shift in governmental policy. The Community Mental Health Systems Act of 1963 resulted in a major shift in mental health services delivery from institutional and educational settings to community and private practice settings. Relatedly, the deinstitutionalization of the mentally ill, need for substance abuse counseling, advent of health psychology, and emergence of employee assistance and wellness programs all focused proactive emphasis on mental-health services. The roles of psychologists and counselors also were changed considerably by these events. Prior to the mid 1960s, counselors typically were found in educational and agency settings. Subsequently, however, psychologists were increasingly bewildered by the "intrusion" of (especially master's level) counselors into what had previously been considered "exclusively" psychologist territory.

During the 1960s and 1970s, the needs of professional (mental health) counselors were not being met adequately by any particular national organization. Thus, in reaction to a growing need for solidarity among professional counselors, the American Mental Health Counselors Association (AMHCA) was formed as an organizational affiliate of the American Association for Counseling and Development (AACD). Counseling psychologists historically have received considerable support from the American Psychological Association as Division 17 affiliates. The availability of large-scale organizational backing for both groups escalated the controversies between them in terms of appropriate job settings, licensure issues, and adequacy of training. Weikel (1985) stated that priorities of mental health counselors have long included "licensure, third-party payments, full parity with other mental health professionals and treatment of special populations in community and private settings" (p. 457). In the past decade professional counselors have made considerable progress culminating in separate licensure provisions in many states, a national counselor certification system, and entitlement to third-party payments. Professional counselors in all 50 states continue to pursue separate licensure as well as parity with psychologists formally recognized by federal agencies and insurance companies.

Economic Impact

The economic impact on American society of services generated by counselors and psychologists is substantial. Counseling and other closely aligned services have been demonstrated to be cost effective across diverse populations and settings. However, such services are effective only if used. Following is a brief economic analysis of productivity losses stemming from mental illnesses.

Sussna (1977) found that 31.02 billion dollars in labor productivity were lost annually as a result of mental illness. However, the amount spent on treatment and prevention in mental health programs in 1977 totaled only 7.86 billion dollars. In-patient care totaled 5.00 billion dollars, while out-patient care totaled 2.20 billion. Training and research costs for mental health services totaled only .66 billion dollars. Therefore, obvious discrepancy exists between expenditures for mental health services and revenue lost as a result of mental illness. A more proportionate allocation of financial resources to the treatment and remediation of mental illness would in all likelihood result in considerable savings to the general public.

Herr and Cramer (1987) suggested that mental health services, when included in general health plans, did offer substantial savings by reducing costs for medical

facilities and procedures. For example, Cummings (1977) found that over 60% of visits to physicians stemmed from emotional difficulties and not physiological maladies. Deleon, Uyeda, and Welch (1985) reported similar conclusions and strongly advocated the utilization of counseling/psychological services in Health Maintenance Organizations (HMOs).

Cummings and Follette (1976) suggested that administration and delivery of mental health services were key elements in determining optimal therapeutic cost effectiveness. The increased demand for mental health services was not viewed by them as a key economic factor in the provision of mental health services. In order to more suitably administer and fund mental health services, most states have adopted freedom of choice (FOC) laws which enable consumers to choose between psychiatrists, psychologists or other mental health providers such as counselors, social workers, and marriage and family therapists.

Fink (1978) suggested that such FOC laws have been detrimental to more seriously impaired mental health service consumers. He cited a severe shortage of psychiatrists as an outgrowth of too many other mental health professionals. Fink wrote that in 1976 the U.S. was lacking 10,000 psychiatrists, and that 50% and (in certain areas 90%) of all psychiatrists in the public

sector were graduates of foreign medical programs. Accordingly, he concluded that the needs of the more severely impaired as not being met in effective and therapeutic manners.

Knesper, Pagnucco, and Wheeler (1985) also expressed concern that the administration of mental health services was less than cost effective. The primary concern they cited was that a disproportionate number of highly trained professionals were being compensated very well for listening to people with only "mild" emotional problems. A major gap in services resulted, with those from lower socioeconomic backgrounds being unable to receive mental health services. However, Edwards, Greene, Abramowitz, and Davidson (1979) suggested that disadvantaged groups were having their needs served as a result of the National Community Mental Health Centers Program. With the implementation of these centers, mental health services became available to the poor (among others). Sharfstein, Taube, and Goldberg (1977) found that 84% of the clients treated in such centers in 1973 had incomes below $10,000. Also, the supposition that the poor were incapable of benefiting from mental health services was dispelled by Edwards et al., who claimed the poor benefited from mental health services just as much as individuals from higher socioeconomic levels.

Key factors in the provision of mental health services to the poor include clinic accessibility, appropriate counseling interventions, and feasible fee structures. With a disproportionate number of psychiatrists and psychologists in urban private practice settings, many well-trained individuals are actually excluded from providing their services to those from lower socioeconomic levels. Accordingly, although the poor may have access to mental health services, appropriateness of treatment as well as fair distribution of quality services remain key issues.

McGuire and Frisman (1983) also wrote about the controversy surrounding the interaction between treatment efficacy and cost effectiveness. "The consensus is that psychotherapy--almost any recognized brand of psychotherapy--does work" (p. 935). Although such global statements typically warrant skepticism, the implications are clear. Economic considerations in the mental health professions are of paramount importance. Herr and Cramer (1987) stated that "many helping professions are economic in origin or economic in outcome" (p. 220). Theoretically, counselors and psychologists should achieve equivalent economic levels because both groups have similar professional and training backgrounds. Professional balance in economics between counselors and

psychologists would enable both groups to offer their services to as broad as possible a spectrum of society.

Political Factors

Counselors and psychologists have experienced considerable controversy within the political arena during the past the two decades. The reasons vary from so-called "psychologist monopolies" on services to inability of psychologists to meet the mental health needs of the general public. Regardless, the politics of the helping professions have resulted in numerous courtroom battles, not to mention legislative and nonlegislative controversies, which have had a significant impact on state-level licensure and on national credentialing. Legal precedents, legislative and nonlegislative actions, and "core provider" controversies have greatly impacted the current state of the counseling profession.

Van Hoose and Kottler (1978) cited numerous court cases which have been ruled in favor of counselors. For example, in Weldon v. Virginia State Board of Examiners, a court ruled that "counseling is a separate profession from psychology" and should be regulated accordingly. Another landmark decision was set forth in the 1975 City of Cleveland v. Cook case that upheld a counselor's right to practice without sanctioning from the (Ohio) state psychology board. Counselors also have received favorable political concessions in their right to practice through

"Freedom of Choice" legislation (Wilmarth, 1983). This type of legislation was an outgrowth of what was termed "exclusionary" and "capricious" definitions of who was permitted to provide mental health services.

Sweeney and Witmer (1977) postulated that three findings directly impacted counselors. First, the public was being deprived of services as a result of counselors being discriminated against as mental health service providers. Second, licensure laws were capable of modification of counseling practices to insure more equity in provision of services. Third, protection of professional interests could lead to problems similar to those faced by psychologists and counselors needed to be cognizant of potential legislative and political difficulties.

Legislative Factors

Sweeney and Witmer (1977) found that (most) legislative factors which impacted counselors occurred at the state level. In most states psychologists have actively lobbied against the licensing of counselors, especially those without doctoral-level training. However, Rose (1972) pointed out that while psychologists actively attempted to prevent counselors from providing services to the public, many psychologists themselves were ill-trained in counseling and psychotherapy. "In fact, 56 percent of the Ph.D. graduates in psychology [surveyed]

were in areas other than personality, clinical, counseling and school psychology" (Rose, 1972, p. 415). Hogan (1979) expressed concern for the well-being of the general public when "experimental" psychologists were afforded the opportunity to practice in an area (i.e., counseling) in which they had no formal training. The purpose of licensure laws is to protect the public from individuals not qualified to practice certain specialties. In regard to counseling services, the public was not well-protected when persons not trained in counseling were state licensed just because they had degrees from "psychology" programs.

The unity of counselors from organizational and operational standpoints has been lacking in comparison to psychologists. Historically, psychologists have been developing legislation for over 30 years, activity which has gained them considerable leverage over counselors who only relatively recently began to engage in the acquisition of separate licensure provisions. Improvement in financial resources from the American Association for Counseling and Development has been helpful for counselors seeking licensure. It has enabled counselors to receive separate licensure laws in approximately 28 states, with counselor licensure legislative action pending in most remaining states (Vacc & Loesch, 1987).

Nonlegislative Factors

Sweeney and Witmer (1977) postulated that three non-legislative factors will have impact the future of counseling. These factors are (a) third party payments, (b) national credentialing, and (c) state and federal classification systems.

Psychologists, counselors, marriage and family therapists, and social workers all desire reimbursement from insurance companies, more commonly referred to as third party benefits. Herr and Cramer (1987) suggested that, except for psychiatrists, the availability of third party payments for other mental health professionals is a fairly recent phenomena, having become available only since 1970.

Currently, psychologists in all 50 states have licensure provisions which recognize them as independent health care providers eligible for third party reimbursement. In certain states with counselor licensure provisions, counselors also are able to receive third party payments. However, a professional license as a counselor or psychologist does not automatically insure receipt of third party payments. State statutes differ considerably, and insurance company policies are inconsistent in both payment to service providers and the nature of services eligible for third party payment. In

general, counselors encounter far more difficulty

receiving third party payments than do psychologists.

Ivey (1982) advocated that counselors and other "new"

professional mental health service providers be permitted

to receive third party payments. He cited the following

reasons for his position:

>   1. Given the diversity of the U.S. population,
> it is necessary to promote an array of distinct
> and diversified mental health delivery
> alternatives that are of demonstrated quality.
>   2. A free market thrives on competition. At
> present, psychiatrists, psychologists and social
> workers have a monopoly on services, thus
> promoting an artificially scarce supply [which
> in turn inflates the cost of mental health
> services].
>   3. Therapy and counseling are generic skills
> much as less expensive generic drugs are
> suitable alternatives to expensive "name brand"
> drugs from pharmaceutical companies. Research
> has demonstrated that a wide array of
> individuals can perform at the same level or at
> higher levels than many present psychologists,
> psychiatrists, and social workers. (Ivey, 1982,
> pp. 133-134)

National credentialing of counselors and

psychologists occurs collaboratively with or through their

respective national organizations, AACD and APA. The AACD

has spawned for its members a variety of credentialing

options, including the National Board for Certified

Counselors (NBCC) and the National Academy of Certified

Clinical Mental Health Counselors (NACCMHC). The

Commission on Rehabilitation Counselor Certification also

is closely aligned with AACD. Psychologists do not

currently have a national certification process, but may

belong to their respective professional divisions of APA, Division 17 for counseling psychology and Division 12 for clinical psychologists.

State and federal classifications systems are rooted in what Herr and Cramer (1987) referred to as the "core-provider" controversy. Core-provider status has important ramifications in terms of delivery of mental health services, independent practitioner status, and third party reimbursement privileges. Traditionally, core providers have consisted of psychiatrists, psychologists, social workers, and more recently, psychiatric nurses.

Counselors have not been considered core providers although there is active movement underway to secure "fifth core" provider status for counselors (Herr & Cramer, 1987). Counselors were recently afforded recognition by the Civilian Health and Medical Programs of the Uniformed Services (CHAMPUS). In addition, Beck (1983) cited a number of legislative actions currently underway on behalf of counselors. U.S. Representative Claude Pepper (Florida) also has introduced a bill advocating an amendment to the Social Securities Act to provide counselors reimbursement from Medicare and Medicaid programs. Also, U.S. Senator Denton (Alabama) has introduced a bill entitled, "Recognition of Mental Health Counselors as Independent Providers of Mental Health: Mental Health Services Provider Bill." Finally,

the "Older Americans Comprehensive Counseling Act of 1983"
is undergoing revision to include mental health counselors
as eligible to receive third party reimbursements for
provision of counseling services for older Americans.
Each of these actions contributes to the increased
visibility and recognition of counselors as quality mental
health service providers.

Unfortunately, accompanying the increase in federal
and state legislative activity on behalf of counselors is
the potential for greater "territorial" conflict. State
licensure for counselors is still opposed by various
professional groups ranging from state psychological
examining boards to social workers, and even marriage and
family therapists (Seligman, 1984). The reasons for
opposition vary from quality of training issues for
independent practice to duplication of services (Herr &
Cramer, 1987).

<u>Professional Identity Issues</u>

Hurst and Parker (1977) suggested two major functions
served by a professional identity (e.g., as a counselor or
a psychologist). First, a coherent, well-developed
identity serves to delimit what is and is not done by
those who belong to the profession. Therefore, the
identity conveys to the public who belongs to the
profession as well as what types of services are available
by members of the profession. Second, professional

identity serves to distinguish between specialties within a profession. Inherent in these suppositions are the various roles and settings of counselors and psychologists, incorporation of the scientist-practitioner model of functioning, practitioner-scientist debate, and the actual training emphases of each group.

Roles and Settings

Foreman (1977) wrote that most graduates of counseling psychology programs are trained to function primarily in institutions of higher education. For example, Cates (1970) found 66% of recent counseling psychology graduates were employed in college and university settings. Similarly, Peterson and Featherstone (1962) found 54%, Samler (1964) 58%, Myers (1975) 56%, and Krauskopf et al. (1973) 70% employed in college and university settings. Banikotes (1977) more recently found that only 30.2% of recent graduates had found employment in institutions of higher education with 18.4% being employed as school psychologists and the remaining 42.5% being employed in the private sector.

Vacc and Loesch (1987) noted that counselors have worked in a variety of settings. Although counselors have their roots in school counseling, today they are found in colleges and universities, community agencies, business and industry, religious settings, legal settings, and increasingly, private practice. The movement toward

private practice comprises the most rapid growth area in the employment of professional counselors for numerous reasons. For example, compensation in the private sector enables counselors to be compensated on a level commensurate with their level of training. Licensure and credentialing movements have been instrumental in affording counselors more recognition with the accompanying economic benefits. Finally, in many states counselors are eligible for third-party benefits with other so-called "core provider" mental health professionals.

Roles of counselors and psychologists have been the focus of considerable research. Ivey (1976) suggested that the role of counseling psychologists was to provide counseling for the purpose of remediation, prevention, or development. He further advocated a psychoeducator model whereby psychologists would emphasize the developmental (proactive) aspect of mental health service delivery.

Osipow (1977) suggested a more traditional role for psychologists, including direct service, prevention, and vocational development functions. Others (e.g., Kagan, 1977; Nathan, 1977; Pepinsky, Hill-Fredrick, & Epperson, 1978; Stone, 1986) advocated similar traditional roles. Cleveland (1980) advocated a more vocationally oriented role having the following priorities: (a) vocational testing, (b) awareness of community vocational resources,

(c) vocational counseling, (d) knowledge of the field of work, (e) job placement, and (f) educational testing. Delworth (1977) found that counseling psychologists viewed themselves "as sort of clinicians and sort of counselors" (p. 43).

Vacc and Loesch (1987) stated that "counselors are simply professionals whose primary vocational activity is the provision of counseling and closely related mental health services" (p. 26). However, the need for specialization is seen as important for counselors to provide services unique to specific settings and/or populations. Accordingly, professional counselors are afforded the opportunity to associate with a number of AACD organizational affiliates. The divisions are organized by (a) setting, (b) type of counseling, and (c) professional activities. For example, the American School Counselors Association (ASCA) serves the needs of professional school counselors working in educational settings while the American Mental Health Counselors Association serves the needs of counselors specifically interested in mental health counseling. Special interest needs of professional counselors are met by groups such as the Association for Religious Values in Counseling (ARVIC) and the Association for Multicultural Counseling and Development (AMCD). A primary advantage of such specialty organizations is the ability of professional counselors to

meet the special needs of society often neglected by other mental health professionals.

Scientist Practitioner or Practitioner Scientist

Counselors and psychologists ascribe to two similar models of treatment but with one key distinction. Essentially, most psychologists adhere to the scientist-practitioner approach whereas professional counselors tend to align themselves with the inverse, practitioner-scientist model.

Bessmer (1977) found that most psychologists viewed themselves as scientists foremost, then practitioners. Accordingly, a "scientist-practitioner" should be capable of scientific inquiry followed by remediative activities appropriate for a wide cross section of individuals. This is more commonly referred to as the Boulder Model, and it has been affirmed as appropriate for psychologists by the American Psychological Association. However, Perl and Hahn (1983) suggested that the knowledge necessary to function effectively as a practitioner has increased to where it is not feasible to impart with equal high effectiveness both clinical and research skills.

In contrast, Vacc and Loesch (1987) advocated a "practitioner-scientist" approach for professional counselors. In this model, there is a shared emphasis on therapeutic counseling skills and techniques while maintaining a critical and inquiring approach to therapy

to assess effectiveness.   They advocated that counselors need to be careful and concise in their use of scientific principles and modify their modes of treatment accordingly.   Unlike psychologists, counselors are practitioners first, yet still utilize scientific principles for the purpose of determining effectiveness. Both groups appear to receive extensive training in both practitioner skills and modes of scientific inquiry. However, the key distinction is in emphasis in training programs for counselors and psychologists.

Training Emphasis

Delworth (1977) stated that primary differences in training between counseling psychology and professional counselor education training programs are in the amount and depth of psychological coursework and experience. Hill (1977) offered a similar perspective, yet expressed concern that counseling psychology is in a state of being engulfed by counselor preparation programs.   Similarly, Osipow (1980) suggested a blurring of distinctions among human service providers, evident in training recommendations, where practical functions of professionals will be discrete.   Hamilton (1977) stated that the training process of counselors and psychologists is the determining factor in the creation of professional identity.

Vacc and Loesch (1987) advocated both didactic and experiential modes of instruction in the preparation of professional counselors. Achieving an appropriate balance between modes of instruction is, however, a source of much debate. In a general sense, counselors tend to receive more experiential-based instruction whereas psychologists typically receive more didactic training. However, although the nature of the instruction may be different, "core" training requirements contain many similarities.

The influence of national (counselor or psychologist) preparation program accreditation agencies (e.g., APA and CACREP) has greatly impacted training programs. Greater uniformity now exists among training programs as a result of the many institutions seeking recognition through accreditation. A comparison of APA and CACREP core requirements (Herr & Cramer, 1987) reflects commonalities:

CACREP	APA
1. Human Growth and Development	1. Developmental Psychology
2. Social and Cultural Foundations	2. Social Psychology
3. Measurement	3. Psychological Assessment
4. Professional Orientation	4. Ethics/Supervision
5. The Helping Relationship	5. Cognition/Physiological
6. Research and Evaluation	6. Research and Statistics
7. Lifestyle and Career Development	7. Psychopathology
8. Group Process	8. History and Systems

From an academic perspective, distinction in coursework between the two groups is often minimal. The APA psychology programs require more coursework specifically psychological in nature whereas CACREP programs advocate coursework more interdisciplinary in nature.

<div align="center">Self-Efficacy Theory</div>

Bandura (1981) posited that, in a general sense, self-efficacy is an individual's sense of "I can do" ability. Many behaviorists (e.g., DeCharms, 1968; Lefcourt, 1976; Rotter, Chance, & Phares, 1972; Seligman, 1975) maintained that self-efficacy theory is central to the notion of self-referent thinking. Other theorists offered more specific definitions.

Schunk and Carboni (1984) defined self-efficacy as an individual's perception of how well he/she can organize and initiate specific types of behaviors in situations that may be stressful, unusual, or unpredictable. Bandura (1981) offered a more concise definition when he stated, "self-efficacy is concerned with judgement about how well one can organize and execute courses of action that contain many unpredictable and often stressful elements (pp. 200-201).

The term self-efficacy is readily confused with two similar terms: self-esteem and outcome expectations. Self-esteem is different from self efficacy in that it is a more global psychological construct generalizable across

a wide cross section of individuals (Bandura, 1981). In contrast, self-efficacy is a state measure, specific to person-situation interactions and is contingent upon environmental conditions. Similarly, an outcome expectation is an individual's expectation that a specific behavior will result in a favorable outcome. The differentiation between self-efficacy and outcome expectations is rooted in the notion that although behaviors may lead to certain outcomes (i.e., expectations), serious doubts (i.e., low perceived level of personal efficacy) may prevent individuals from engaging in behaviors even though they are presumed beneficial (Bandura, 1977).

Assessment of Self-Efficacy

Bandura (1977) suggested that an individual's level of self-efficacy varied in strength, generality and magnitude. He viewed strength as being less affected than the others by previous negative experiences. Also, the degree of difficulty perceived by the individual would differ resulting in various levels of self-efficacy. He also noted that the degree to which perceived self-efficacy ratings would generalize was dependent upon the individual. Some levels of self efficacy experience would generalize to other situations whereas others were situation-specific. Finally, Bandura posited that the perceived difficulty level (i.e., magnitude) of a task or

skill would directly impact efficacy expectations.
Accordingly, assessment of these factors is essential to
gain an accurate measure of self-efficacy.

Bandura (1982) also suggested that individuals
acquired self-efficacy in four ways: (a) actual
performance attainments, (b) socially comparative
vicarious experiences, (c) social persuasion, and (d)
indices of physiological arousal. The successful
accomplishments of an individual directly impacted his or
her level of self-efficacy in a positive manner. Also,
vicarious experiences were viewed as instrumental in the
acquisition of self-efficacy in that many skills were best
learned through direct observation. Finally, verbal
persuasion was considered to be the least effective method
of enhancing self-efficacy. The primary limitation is
caused by telling individuals what to expect, thereby
creating an outcome expectation instead of enhancing self-
efficacy (Lick & Bootzin, 1975: Moore, 1965; Paul, 1966).
However, when used in conjunction with other methods of
enhancing self-efficacy, verbal persuasion is of obvious
benefit. Even when used separately, some have found it is
capable of enhancing levels of self-efficacy (McGlynn &
Mapp, 1970). Emotional arousal also is known to affect
perceived self-efficacy. Extremes of emotionality tend to
reduce perceived self-efficacy whereas controlled
emotional arousal is more likely to lead to anticipated

success. Therefore, maintaining appropriate emotional involvement enhances self-efficacy by reducing susceptibility to extreme self-arousal.

Mischel (1981) suggested that assessment of self-efficacy is a straightforward procedure. As a state measure, it is assessed by having the individual indicate the perceived degree of confidence with which he or she is capable of performing specific tasks outlined in detail and broadly understood.

Implications for Counseling

The implications of self-efficacy theory for the counseling profession are numerous. Foremost, as self-referent thoughts, self-efficacy expectations influence counselor and psychologist (trainee) effort and persistence, especially when confronting difficult tasks. Counselors and psychologists with stronger senses of self-efficacy are more persistent and success oriented in accomplishing professional tasks. Because counselor and psychologist trainees must exhibit a diverse array of skills in a variety of settings, they need appropriately high levels of self-efficacy. The acquisition of technical skills (e.g., counseling, consultation, or research), professional identity, and high levels of self-efficacy should result from culmination of graduate training provided. However, because training programs differ markedly in the nature of training, students' self-

efficacy expectations are likely to vary widely also.

Within the counseling profession, self-efficacy
levels impact how long counselors and psychologists
persist at difficult tasks and how vigorous their efforts
are toward achieving success. Because the nature of
counseling/therapy requires counselors and psychologists
to cope with often unpredictable, ambiguous, and stressful
tasks, their levels of self-efficacy have the potential to
affect the quality of mental health services provided to
the general population. Also, the natures of services
rendered in various settings could be impacted by level of
self-efficacy instilled in counselor and psychologist
trainees during their training. For example, counseling
professionals trained primarily in theory and research may
choose not to engage in individual counseling if they lack
self-efficacy in provision of counseling services.
Conversely, counseling professionals who received primary
emphasis in counseling and consultation during their
training programs may not choose to work in settings where
theory and research are given primary emphasis.

Future Trends

Counselors and psychologists offer their services in
an array of settings from corporate businesses to rural
mental health clinics. To maintain an appropriate
distribution of these services, the counseling profession
must adapt and change. Specifically, as economic,

cultural and societal changes occur, counselors and psychologists must meet the needs of a diverse population by offering effective, available and affordable services in settings which are accessible by those in need of mental health services (Nugent, 1981).

Need for Services

According to the National Institute of Mental Health, more than 15% of the U.S. population experiences a serious mental disorder each year (Reiger, Goldberg, & Taube, 1978). Further, only 3% of the population (approximately 6.5 million) receive therapy from mental health specialists. Of these, Dorken (1977) noted that only two million (approximately) individuals will be treated by doctoral level providers. Even more noteworthy are the special populations which desire but are unable to receive mental health services.

Dorken (1977) stated that children represent an estimated 17.8% of the U.S. population. Unfortunately, he reported that only 11.2% of the mental health services provided by psychologists are to children 11 years old or younger. Further, the author suggested that a significant number of children do not receive mental health services for several reasons, including a shortage of psychologists and a lack of clinical exposure to children during their training programs.

Baxter (1986) noted a needed expansion of counseling
services to meet the needs of Americans who are age 65 or
older. The author noted that the number of older
Americans was growing constantly as the average lifespan
continued to increase. Further, Dorken (1977) stated that
11.3% of the U.S. population was 65 years old or older,
yet only 2.7% of the counseling services delivered by
doctoral level psychologists were provided to this age
group. A degree of underservice to both children and the
elderly appears clear.

Future Settings

Baxter (1986) suggested that counselors and
psychologists would shift away from employment in
educational settings and would increasingly find
opportunities in business and corpoprate settings. As
corporations became increasingly aware of the mental
health needs of their employees, counselors and
psychologists were expected to be in greater demand. The
author cited the rapid growth of Employment Assistance
Programs (EAPs) as evidence of this trend. In particular,
he noted that between 1950 and 1981, the number of EAP
programs has grown from 50 to over 5,000. The demand for
EAP programs is expected to increase as employees continue
to combat societal, family and business stressors.

Another setting for counselors and psychologists
which will continue to expand in number is the private

practice arena. Anderson, Parente, and Gordon (1981) stated that counselors and psychologists would become increasingly competetive in the private sector. They also noted that a Ph.D. would become necessary for work in private practice and that the need for such services would continue to be substantial.

McGuire (1980) posited that inclusion of psychologists [and counselors] in health care plans was an important factor for success in the private sector. Currently, federal policy has placed much emphasis on the shortage of psychiatrists while deemphasizing the roles of other mental health professionals. Further, he noted that it was imperative that future policy initiatives consider more than one type of mental health service provider. Anderson, Parente, and Gordon (1981) advocated a similar perspective. They found that mental health practictioners from various disciplines provided remarkably similar services and that exclusionary practices by some groups (e.g., psychiatrists and psychologists) were clearly the result of economic motives. The method of control used was restriction of third-party payments when possible, and continually questioning of the competency of other mental health professionals to provide quality services. Accordingly, the authors noted that the mental health profession was extremely concerned with the quality of graduate training programs for service providers as well

as the types of employment settings mental health
professionals wished to pursue.

CHAPTER III
METHODOLOGY

This study was designed to investigate the preferred vocational settings, preferred professional activities, and perceived levels of competency of doctoral students in counselor education and counseling psychology training programs. Specifically, students' preferred vocational settings were assessed in conjunction with their preferences for engaging in each of seven professional counseling activities. Furthermore, their perceived levels of competency to engage in each of seven professional activities were assessed.

The remainder of this chapter includes a description of the population and sample, sampling procedures, instrumentation, data collection, and data analyses.

Relevant Variables

The dependent variables in this study were (a) vocational settings, (b) preference for engaging in specific professional activities, and (c) perceived levels of competence to engage in professional activities. The independent variables included program (Counselor

50

Education or Counseling Psychology), gender, candidacy status, and number of postbaccalaureate hours earned in program.

Population

There are approximately 470 counselor education programs in the U.S. of which 56 are CACREP accredited. There are approximately 50 counseling psychology programs in the U.S. of which 37 are APA accredited (Hollis & Wantz, 1987). The population for this study was doctoral students in accredited programs only (see Chapter II for accreditation criteria).

Sampling Procedure

Selection was based on random selection (using a random number table) from a list of CACREP and APA accredited programs in the Hollis and Wantz (1987) directory. Specifically, the sample was drawn from doctoral students in accredited programs throughout the U.S. Students were selected from a total of 40 schools (i.e., 20 Counselor Education and 20 Counseling Psychology programs) to obtain a nationally representative sample.

An introductory letter (Appendix B) was sent to each of the chairpersons of the respective programs and a stamped, return-addressed postcard was included to facilitate quick response. Follow-up phone calls were made to non-respondents two weeks after the mailing to determine willingness to participate in the study. The

chairpersons who agreed to participate received, within one week, 12 questionnaires and specific instructions (Appendix D) for distributing the instruments to doctoral students in their programs. Each doctoral student also received an introductory letter (Appendix C) thanking them for participation and requesting that they return the questionnaires at their earliest conveniences. Self-addressed, stamped envelopes were included for the subjects use to return the questionnaire.

<div align="center">Resultant Sample</div>

The resultant sample was comprised of 105 doctoral students from CACREP programs and 102 doctoral students from APA programs for a total sample of 207. All of the participants were enrolled for at least three semester hours (or equivalent) in an Ed.D. or Ph.D. preparation program.

<div align="center">Instrumentation</div>

The Doctoral Student Questionnaire (Appendix A) consists of three separate sections having a total of 84 items. The items for preferred vocational settings (13 items) and counseling activities preference (7 items) each had a response scale of 1 (low) to 7 (high). The perceived level of competency component (64 items) had a similar response scale.

The vocational setting items were derived from review of the related literature and consultation with experts in

the field. The preferred vocational setting items were in
part based on items from similar instruments developed by
professional testing companies (e.g., Educational Testing
Service). The items for the preferred professional
activities and self perceived competency ratings were from
the Fitzgerald and Osipow (1986) list of work behaviors
for counseling psychologists. The authors cited the Equal
Employment Opportunity Commission's Uniform Guidelines for
Employee Selection Procedures definition of a work
behavior as "an activity performed to achieve the
objectives of the job; such behaviors consist of both
observable and unobservable components and generally
involve the performance of one or more tasks, Thus the
focus is on what the worker actually does" (p. 540).

<div align="center">Data Analyses</div>

A three-way factorial ANOVA (program by gender by
candidacy status) was conducted to evaluate question 1
(degree of preference for each of the 13 vocational
settings. The data analyses conducted for questions 2 and
3 were the same for those conducted for question 1 except
that they focused upon preferred professional activities
and perceived levels of competence, respectively. A
regression analyses was used for questions 4, 5, and 6 to
determine whether a significant interaction existed
between number of postbaccalaureate hours completed and
students preferred vocational settings, preferred

professional activities and perceived levels of
competency, respectively. Question 7 was also analyzed
using a regression model to determine if there was a
significant difference in relationship between preferred
activities and the related perceived levels of competency
on each of the seven professional activities on the basis
of program (i.e., counselor education or counseling
psychology).

CHAPTER IV
RESULTS

The purpose of this study was to examine the
preferred vocational settings, professional activities and
perceived levels of competency of doctoral students in
accredited counselor education and counseling psychology
programs. The independent variables included program,
gender, candidacy status and number of postbaccalaureate
hours in the program.

The dependent variables were measured using the
Doctoral Student Questionnaire, an instrument developed by
Fitzgerald and Osipow for their (1986) Occupational
Analysis of Counseling Psychology. A one (low) to seven
(high) Likert-type scale was used to assess preferences
for professional settings, professional activities and
perceived levels of competency.

The primary source of information about accredited
counselor education and counseling psychology programs was
the Hollis and Wantz (1986) Counselor Preparation 1986-89
Programs, Personnel, Trends. It is widely regarded as the
most complete directory of professional counselor
preparation programs.

Twenty counselor education and 20 counseling psychology programs were randomly selected from the respective listings of accredited programs. Chairpersons of the selected departments were sent letters informing them of the nature and requirements of the study. A total of 16 counselor education and 14 counseling psychology chairpersons agreed to assist with the study.

Each chairperson received a packet of 12 Doctoral Student Questionnaires to be distributed among doctoral students currently enrolled in their respective departments. Therefore, a total of 192 surveys were distributed to counselor education students and 168 were distributed to counseling psychology students. Surveys were returned from 105 counselor education and 102 counseling psychology doctoral students, revealing return rates of 57% and 60%, respectively. The students returning the surveys represented 26 (13 counselor education and 13 counseling psychology) departments.

The results of this study are presented in this chapter. Included are demographic and descriptive data, results of data analyses, and patterns and trends in the data.

Descriptive Data

Data were collected from students enrolled in 26 accredited programs (13 counselor education and 13 counseling psychology) throughout the United States. From

the 13 individual Counselor Education programs, the number of respondents ranged from 5 to 12. From the 13 individual APA programs, the number of respondents ranged from 4 to 11. Presented in Table 1 is demographic information for the samples of doctoral students by program, gender, and candidacy status. Also included in Table 1 is a listing of the 26 institutions from which surveys were returned.

Tables 2-4 include means and standard deviations for preferred vocational settings, preferred professional activities, and perceived levels of competency, respectively. Means and standard deviations are also presented by program, gender, and candidacy status.

In regard to preferred vocational settings (Table 2), the most preferred settings (generally) were those related to college and university enviroments. For example, students' preference for teaching in community college and college and university settings reflected a high degree of interest. Furthermore, college and university counseling centers were perceived by the students as desirable employment settings. Among the least preferred settings of students were publishing and testing companies, federal and state agencies, public schools, and Veteran's Administration Hospitals.

Table 1

Respondent Demographic Characteristics by Program, Gender, and Candidacy Status

| | | Program | |
Gender	Candidacy Status	Counselor Education	Counseling Psychology
Male	Candidates	22	17
Male	Non-candidates	23	29
Female	Candidates	42	34
Female	Non-candidates	16	22
Total Males		47	46
Total Females		58	56
Total Students		105	102

Participating Institutions

CACREP Programs	APA Programs
University of Alabama at Tuscaloosa	Boston University
University of Florida	University of Florida
George Washington University	Iowa State University
University of North Carolina at Greensboro	Loyola University of Chicago
University of Idaho	University of Maryland
University of North Texas	Michigan State University
Ohio University	University of Nebraska at Lincoln
Purdue University	University of North Carolina at Chapel Hill
University of South Carolina	Notre Dame University
Vanderbilt University	University of Southern Mississippi
University of Virginia	Texas A&M University
Western Michigan University	University of Texas at Austin
University of Wyoming	Ohio State University

In a general sense, students expressed the most interest (Table 3) in engaging in the professional activities of counseling, supervision and training, and teaching and training. In contrast, students expressed the least amount of interest in engaging in the professional activities of administration and research.

In regard to perceived competency (Table 4), the students in this study expressed the highest degree of perceived competency to engage in the professional activities of counseling, supervision and training, and teaching and training. The students expressed significantly lower perceived levels of competency to engage in the professional activities of writing and editing and research.

<div align="center">Research Questions</div>

Research Question One

Question one addressed whether there were significant differences in preferred vocational settings among counselor education and counseling psychology doctoral students on the bases of program, gender, and candidacy status. A three-way ANOVA was used to determine the extent to which variance in preferred vocational settings could be attributed to these independent variables.

Inspection of the results revealed significant differences for the independent variable of program at the .007 level for 5 of the 13 preferred vocational settings.

Table 2

Means and Standard Deviations for Preferred Vocational
Settings by Group, Gender, and Candidacy Status

| | Counselor Education | | Counseling Psychology | |
| | Male | Female | Male | Female |
Variable	Mean (sd)	Mean (sd)	Mean (sd)	Mean (sd)
College/University Teaching Position				
Candidate	5.72 (1.54)	5.85 (1.52)	5.05 (1.91)	4.82 (2.11)
Non-Candidate	5.60 (1.37)	5.60 (2.02)	4.75 (2.02)	4.09 (2.14)
Total	5.66 (1.44)	5.78 (1.65)	4.86 (1.97)	4.54 (2.13)
Community/Junior College Teaching Position				
Candidate	4.04 (1.70)	4.73 (1.68)	3.52 (1.58)	3.58 (1.70)
Non-Candidate	4.39 (1.30)	3.66 (1.83)	3.27 (1.83)	3.00 (1.44)
Total	4.22 (1.50)	4.45 (1.77)	3.36 (1.73)	3.36 (1.62)
College/University Counseling Center				
Candidate	4.36 (2.03)	4.83 (2.02)	4.82 (2.37)	5.29 (1.96)
Non-Candidate	5.08 (1.59)	5.00 (1.81)	5.03 (1.74)	5.42 (1.36)
Total	4.73 (1.83)	4.87 (1.95)	4.95 (1.97)	5.34 (1.74)

Table 2--Continued

	Counselor Education		Counseling Psychology	
	Male	Female	Male	Female
Variable	Mean (sd)	Mean (sd)	Mean (sd)	Mean (sd)

Community/Junior College Counseling Center

	Male Mean (sd)	Female Mean (sd)	Male Mean (sd)	Female Mean (sd)
Candidate	3.38 (2.01)	4.30 2.01	2.94 1.56	3.97 2.02
Non-Candidate	4.17 (1.55)	3.93 (1.79)	3.34 (1.73)	3.80 (1.67)
Total	3.79 (1.81)	4.42 (1.95)	3.19 (1.66)	3.90 (1.88)

Veteran's Administration (VA) Hospital

Candidate	2.20 (1.90)	1.64 (1.28)	3.47 (2.32)	3.23 (2.00)
Non-Candidate	2.77 (2.11)	1.85 (.94)	2.96 (1.59)	3.55 (2.01)
Total	2.50 (2.01)	1.69 (1.20)	3.15 (1.88)	3.35 (1.99)

Federal/ State Agency

Candidate	2.77 (1.87)	3.16 (2.01)	2.94 (1.63)	3.11 (1.71)
Non-Candidate	2.86 (1.98)	2.21 (1.31)	3.34 (1.98)	3.70 (2.00)
Total	2.82 (1.91)	2.92 (1.89)	3.19 (1.85)	3.33 (1.83)

Table 2--Continued

| | Counselor Education | | Counseling Psychology | |
| | Male | Female | Male | Female |
Variable	Mean (sd)	Mean (sd)	Mean (sd)	Mean (sd)
Community Mental Health Agency				
Candidate	3.09 (1.92)	3.50 (1.90)	3.47 (2.09)	4.11 (1.75)
Non-Candidate	3.68 (1.78)	3.26 (1.62)	4.75 (1.61)	4.90 (1.77)
Total	3.39 (1.85)	3.43 (1.82)	4.28 (1.89)	4.40 (1.78)
Business/ Industry Setting				
Candidate	4.14 (2.12)	4.02 (1.89)	2.82 (1.66)	3.00 (1.92)
Non-Candidate	3.39 (1.85)	3.30 (1.37)	2.65 (1.65)	3.05 (2.01)
Total	3.75 (2.00)	3.85 (1.79)	2.71 (1.64)	3.01 (1.93)
Private Practice				
Candidate	5.13 (2.18)	5.26 (2.03)	4.70 (1.68)	4.73 (1.87)
Non-Candidate	5.56 (1.59)	5.86 (1.24)	5.75 (1.55)	5.33 (1.68)
Total	5.35 (1.89)	5.42 (1.87)	5.36 (1.66)	4.96 (1.81)

Table 2--Continued

| | Counselor Education | | Counseling Psychology | |
| | Male | Female | Male | Female |
Variable	Mean (sd)	Mean (sd)	Mean (sd)	Mean (sd)
Public/Private Research Facility				
Candidate	2.65 (1.89)	3.76 (1.85)	3.11 (1.86)	3.23 (1.93)
Non-Candidate	3.59 (2.08)	3.26 (1.62)	3.48 (1.76)	3.14 (2.15)
Total	3.14 (1.03)	3.63 (1.79)	3.34 (1.79)	3.20 (2.00)
Public Schools				
Candidate	1.71 (.90)	3.02 (1.90)	2.35 (1.32)	2.02 (1.24)
Non-Candidate	2.80 (1.96)	2.35 (1.54)	2.31 (1.49)	1.85 (1.18)
Total	2.26 (1.60)	2.85 (1.83)	2.32 (1.41)	1.96 (1.21)
Publishing/ Testing Company				
Candidate	1.55 (.99)	2.66 (1.73)	1.82 (1.23)	1.94 (1.53)
Non-Candidate	1.59 (1.33)	2.00 (.96)	1.86 (1.21)	2.14 (1.95)
Total	1.57 (1.17)	2.50 (1.59)	1.84 (1.21)	2.01 (1.69)

Table 2--Continued

	Counselor Education		Counseling Psychology	
	Male	Female	Male	Female
Variable	Mean (sd)	Mean (sd)	Mean (sd)	Mean (sd)
Other				
Candidate	6.57 (.53)	6.00 (2.00)	6.16 (.98)	6.71 (.48)
Non-Candidate	5.28 (2.05)	7.00 (0.00)	6.66 (.51)	5.14 (2.54)
Total	5.92 (1.59)	6.30 (1.70)	6.41 (.79)	5.92 (1.94)

Table 3

Means and Standard Deviations for Preferred Professional
Activities by Group, Gender, and Candidacy Status

Variable	Counselor Education		Counseling Psychology	
	Male	Female	Male	Female
	Mean (sd)	Mean (sd)	Mean (sd)	Mean (sd)
Counseling				
Candidate	6.04 (1.49)	6.35 (1.24)	6.58 (.61)	6.61 (1.01)
Non-Candidate	6.17 (1.26)	6.33 (1.17)	6.68 (.71)	6.50 (1.26)
Total	6.11 (1.36)	6.35 (1.21)	6.65 (.67)	6.57 (1.10)
Research				
Candidate	3.45 (1.89)	3.88 (1.96)	4.52 (1.97)	4.38 (1.90)
Non-Candidate	4.17 (1.94)	4.13 (1.80)	4.13 (1.82)	4.13 (1.72)
Total	3.82 (1.93)	3.94 (1.91)	4.28 (1.86)	4.28 (1.82)
Supervision and Training				
Candidate	5.40 (1.22)	5.35 (1.93)	5.11 (1.72)	5.88 (1.22)
Non-Candidate	5.52 (1.23)	5.66 (1.04)	5.62 (1.23)	6.00 (1.06)
Total	5.46 (1.21)	5.43 (1.74)	5.43 (1.43)	5.92 (1.15)

Table 3--Continued

	Counselor Education		Counseling Psychology	
	Male	Female	Male	Female
Variable	Mean (sd)	Mean (sd)	Mean (sd)	Mean (sd)
Administration				
Candidate	4.72 (1.85)	4.16 (2.15)	3.47 (1.58)	3.29 (1.67)
Non-Candidate	3.60 (1.92)	2.80 (1.26)	3.55 (1.42)	3.54 (1.87)
Total	4.15 (1.95)	3.80 (2.03)	3.52 (1.47)	3.39 (1.74)
Consultation				
Candidate	5.68 (1.12)	5.66 (1.33)	5.00 (1.32)	5.26 (1.56)
Non-Candidate	5.60 (.98)	5.00 (1.88)	5.20 (1.37)	5.50 (1.10)
Total	5.64 (1.04)	5.49 (1.51)	5.13 (1.34)	5.35 (1.39)
Writing and Editing				
Candidate	4.00 (1.79)	4.23 (1.60)	3.70 (1.89)	4.64 (1.73)
Non-Candidate	4.04 (1.55)	4.46 (1.59)	4.41 (1.93)	4.18 (1.68)
Total	4.02 (1.65)	4.29 (1.59)	4.15 (1.93)	4.46 (1.71)

Table 3--Continued

	Counselor Education		Counseling Psychology	
	Male	Female	Male	Female
Variable	Mean (sd)	Mean (sd)	Mean (sd)	Mean (sd)
Teaching and Training				
Candidate	6.04 (1.29)	5.85 (1.55)	5.47 (1.28)	5.38 (1.75)
Non-Candidate	5.69 (1.25)	5.73 (1.57)	5.37 (1.39)	4.59 (1.81)
Total	5.86 1.27	5.82 1.54	5.41 1.34	5.07 1.80

Table 4

Means and Standard Deviations for Perceived Levels of
Competency by Group, Gender, and Candidacy Status

	Counselor Education		Counseling Psychology	
	Male	Female	Male	Female
Variable	Mean (sd)	Mean (sd)	Mean (sd)	Mean (sd)
Counseling				
Candidate	5.42 (.67)	5.43 (.84)	5.30 (.52)	5.41 (.54)
Non-Candidate	5.29 (.71)	5.51 (.56)	5.30 (.83)	5.23 (.51)
Total	5.35 (.69)	5.45 (.77)	5.30 (.72)	5.34 (.53)
Research				
Candidate	5.02 (.77)	4.98 (1.15)	4.60 (1.19)	4.93 (.83)
Non-Candidate	4.76 (1.33)	4.72 (1.10)	4.89 (1.11)	4.97 (1.15)
Total	4.89 (1.08)	4.91 (1.13)	4.79 (1.14)	4.95 (.96)
Supervision and Training				
Candidate	6.11 (.73)	6.02 (1.03)	5.16 (.88)	5.24 (1.45)
Non-Candidate	6.04 (.68)	5.91 (.63)	5.56 (1.13)	5.80 (.79)
Total	6.07 (.70)	6.00 (.93)	5.41 (1.05)	5.45 (1.27)

Table 4-- Continued

Variable	Counselor Education		Counseling Psychology	
	Male	Female	Male	Female
	Mean (sd)	Mean (sd)	Mean (sd)	Mean (sd)
Administration				
Candidate	5.27 (1.29)	5.25 (1.38)	4.90 (1.13)	4.59 (1.39)
Non-Candidate	5.15 (1.08)	4.98 (.96)	4.01 (1.30)	4.81 (1.32)
Total	5.21 (1.17)	5.18 (1.28)	4.34 (1.30)	4.67 (1.36)
Consultation				
Candidate	5.61 (1.04)	5.51 (1.27)	4.95 (1.09)	5.06 (1.21)
Non-Candidate	5.68 (.99)	5.34 (.65)	5.05 (1.24)	5.07 (1.07)
Total	5.64 (1.00)	5.47 (1.14)	5.01 (1.18)	5.07 (1.15)
Writing and Editing				
Candidate	4.76 (1.00)	4.99 (1.30)	4.48 (1.28)	4.71 (1.29)
Non-Candidate	4.77 (.97)	4.72 (1.28)	4.95 (1.33)	4.76 (1.40)
Total	4.76 (.97)	4.92 (1.29)	4.77 (1.19)	4.73 (1.32)

Table 4-- Continued

| Variable | Counselor Education | | Counseling Psychology | |
| | Male | Female | Male | Female |
	Mean (sd)	Mean (sd)	Mean (sd)	Mean (sd)
Teaching and Training				
Candidate	5.99 (.59)	5.90 (.92)	5.30 (.83)	5.16 (1.09)
Non-Candidate	5.86 (.72)	5.67 (.67)	5.03 (1.19)	5.21 (1.00)
Total	5.92 (.66)	5.84 (.86)	5.13 (1.07)	5.18 (1.05)

Table 5

Analyses of Variance for Preferred Vocational Settings by
Program, Gender, and Candidacy Status

Dependent Variable	Source	DF	SS	F	PR>F
College/University Teaching Position	Program (P)	1	47.05	13.95	0.0002*
	Sex (S)	1	1.72	0.51	0.474
	Candidacy Status (C)	1	5.63	1.67	0.197
	P*S	1	2.97	0.88	0.3489
	P*C	1	1.21	0.36	0.5485
	S*C	1	.918	0.27	0.6024
	P*S*C	1	.239	0.07	0.7901
Community/Junior College Teaching Position	Program (P)	1	33.99	12.41	0.0005
	Sex (S)	1	0.177	0.06	0.7994
	Candidacy Status (C)	1	7.02	2.56	0.1109
	P*S	1	0.097	0.04	0.8502
	P*C	1	0.038	0.01	0.9056
	S*C	1	8.77	3.20	0.750
	P*S*C	1	3.35	1.22	0.2701
College/University Counseling Center	Program (P)	1	4.80	1.35	0.2473
	Sex (S)	1	4.44	1.25	0.2657
	Candidacy Status (C)	1	4.36	1.22	0.2703
	P*S	1	0.66	0.19	0.668
	P*C	1	0.847	0.24	0.6266
	S*C	1	1.146	0.32	0.5717
	P*S*C	1	0.65	0.18	0.6679
Community/Junior College Counseling Center	Program (P)	1	8.55	2.51	0.1147
	Sex (S)	1	13.32	3.91	0.0495
	Candidacy Status (C)	1	1.19	0.35	0.5550
	P*S	1	1.79	0.53	0.4694
	P*C	1	0.09	0.03	0.8674
	S*C	1	8.57	2.52	0.1143
	P*S*C	1	0.99	0.29	0.5889

Table 5--Continued

Dependent Variable	Source	DF	SS	F	PR>F
Veteran's	Program (P)	1	62.05	19.37	0.0001*
Administration (VA)	Sex (S)	1	3.47	1.08	0.2991
Hospital	Candidacy				
	Status (C)	1	0.97	0.31	0.5809
	P*S	1	9.13	2.85	0.0930
	P*C	1	2.62	0.82	0.3662
	S*C	1	0.58	0.18	0.6695
	P*S*C	1	3.81	1.19	0.2762
Federal/State	Program (P)	1	12.12	3.46	0.0643
Agency	Sex (S)	1	0.20	0.06	0.8092
	Candidacy				
	Status (C)	1	0.04	0.01	0.9072
	P*S	1	1.76	0.50	0.4790
	P*C	1	9.50	2.71	0.1011
	S*C	1	2.12	0.61	0.4371
	P*S*C	1	4.22	1.21	0.2734
Community Mental	Program (P)	1	38.49	11.71	0.0008*
Health Agency	Sex (S)	1	1.69	0.52	0.4730
	Candidacy				
	Status (C)	1	16.48	5.02	0.0262
	P*S	1	1.79	0.55	0.4612
	P*C	1	8.27	2.52	0.1141
	S*C	1	4.93	1.50	0.2220
	P*S*C	1	0.27	0.08	0.7718
Business/Industry	Program (P)	1	30.54	8.90	0.0032*
Setting	Sex (S)	1	0.37	0.11	0.7421
	Candidacy				
	Status (C)	1	6.90	2.01	0.1579
	P*S	1	1.64	0.48	0.4899
	P*C	1	4.99	1.45	0.2293
	S*C	1	0.17	0.05	0.8208
	P*S*C	1	0.0917	0.03	0.8703

Table 5--Continued

Dependent Variable	Source	DF	SS	F	PR>F
Private Practice	Program (P)	1	4.80	1.48	0.2254
	Sex (S)	1	0.00	0.00	0.9768
	Candidacy Status (C)	1	20.60	6.33	0.0126
	P*S	1	1.93	0.60	0.4413
	P*C	1	1.08	0.33	0.5635
	S*C	1	0.22	0.07	0.7941
	P*S*C	1	1.13	0.35	0.5550
Public/Private Research Facility	Program (P)	1	0.237	0.07	0.7985
	Sex (S)	1	0.897	0.25	0.6199
	Candidacy Status (C)	1	1.44	0.40	0.5287
	P*S	1	2.86	0.79	0.3760
	P*C	1	0.084	0.02	0.8793
	S*C	1	10.06	2.77	0.0978
	P*S*C	1	2.68	0.74	0.3910
Public Schools	Program (P)	1	5.10	2.20	0.1397
	Sex (S)	1	0.014	0.01	0.9365
	Candidacy Status (C)	1	0.411	0.19	0.6627
	P*S	1	3.52	1.63	0.2030
	P*C	1	2.07	0.96	0.3277
	S*C	1	0.82	0.38	0.5380
	P*S*C	1	2.09	0.97	0.3250
Publishing/ Testing Company	Program (P)	1	0.003	0.00	0.9657
	Sex (S)	1	10.25	4.75	0.0304
	Candidacy Status (C)	1	0.411	0.19	0.6627
	P*S	1	3.52	1.63	0.2030
	P*C	1	2.07	0.96	0.3277
	S*C	1	0.82	0.38	0.5380
	P*S*C	1	2.09	0.97	0.3250

Table 5--Continued

Dependent Variable	Source	DF	SS	F	PR>F
Other	Program (P)	1	0.021	0.01	0.9234
	Sex (S)	1	0.021	0.01	0.9234
	Candidacy				
	Status (C)	1	1.45	0.62	0.4352
	P*S	1	3.54	1.51	0.2253
	P*C	1	0.48	0.21	0.6507
	S*C	1	.036	0.02	0.9016
	P*S*C				

*indicates significance at the .004 (.05) level.
13

Table 6

Means and Standard Deviations for Significant Differences by Program on Preferred Vocational Settings

Variable	Counselor Education	Counseling Psychology
	Mean (sd)	Mean (sd)
College/University Teaching Position	5.74 (1.56)	4.69 (2.06)
Community/Junior College Teaching Position	4.35 (1.65)	3.37 (1.67)
Veteran's Administration (VA) Hospital	2.04 (1.64)	3.26 (1.94)
Community Mental Health Agency	3.42 (1.83)	4.35 (1.83)
Business/ Industry Setting	3.80 (1.88)	2.88 (1.80)

As indicated in Table 6, doctoral students in counselor education programs expressed a significantly higher degree of preference to work in College/University settings and Community/Junior College settings. Furthermore, counselor education students had a statistically significant higher degree of preference for working in business and industry settings. In contrast, students in counseling psychology programs had a statistically significant higher degree of preference to work in Veteran's Administration (VA) hospitals and community mental health agencies.

There were no statistically significant differences on the independent variables of gender or candidacy status for any of the 13 preferred vocational settings. There also were no statistically significant interaction effects.

Research Question Two

The purpose of the analysis for question 2 was to determine whether there were significant differences in the degree of preference for professional activities among doctoral students in counselor education and counseling psychology on the bases of program, gender, and candidacy status. A three-way ANOVA was used to determine the extent to which variance in preferred professional activities could be attributed to these independent variables.

Table 7

Analyses of Variance for Preferred Professional Activities by
Program, Gender, and Candidacy Status

Dependent Variable	Source	DF	SS	F	PR>F
Counseling	Program (P)	1	6.35	4.92	0.0277
	Sex (S)	1	0.27	0.22	0.6431
	Candidacy Status (C)	1	0.022	0.02	0.8951
	P*S	1	1.14	0.89	0.3491
	P*C	1	0.042	0.03	0.8570
	S*C	1	0.396	0.31	0.5800
	P*S*C	1	0.012	0.01	0.9207
Research	Program (P)	1	6.85	1.92	0.1679
	Sex (S)	1	0.161	0.05	0.8318
	Candidacy Status (C)	1	0.32	0.09	0.7647
	P*S	1	0.82	0.23	0.6323
	P*C	1	7.45	2.08	0.1506
	S*C	1	0.29	0.08	0.7734
	P*S*C	1	1.07	0.30	0.5835
Supervision and Training	Program (P)	1	1.27	0.63	0.4289
	Sex (S)	1	4.40	2.17	0.1426
	Candidacy Status (C)	1	3.12	1.54	0.2161
	P*S	1	3.17	1.56	0.2125
	P*C	1	0.11	0.06	0.8135
	S*C	1	0.10	0.05	0.8227
	P*S*C	1	0.975	0.48	0.4892
Administration	Program (P)	1	5.97	1.86	0.1744
	Sex (S)	1	6.93	2.16	0.1436
	Candidacy Status (C)	1	13.33	4.15	0.0430
	P*S	1	4.05	1.26	0.2630
	P*C	1	22.84	7.11	0.0083
	S*C	1	0.017	0.01	0.9413
	P*S*C	1	0.503	0.16	0.6927

Table 7--Continued

Dependent Variable	Source	DF	SS	F	PR>F
Consultation	Program (P)	1	2.79	1.53	0.2179
	Sex (S)	1	0.012	0.01	0.9341
	Candidacy Status (C)	1	0.254	0.14	0.7094
	P*S	1	4.01	2.20	0.1399
	P*C	1	4.01	2.20	0.1398
	S*C	1	0.918	0.50	0.4793
	P*S*C	1	1.11	0.61	0.4363
Writing and Editing	Program (P)	1	0.115	0.04	0.8441
	Sex (S)	1	5.40	1.81	0.1796
	Candidacy Status (C)	1	0.76	0.26	0.6136
	P*S	1	.006	0.00	0.6136
	P*C	1	.002	0.00	0.9625
	S*C	1	2.80	0.94	0.3328
	P*S*C	1	5.30	1.78	0.1835
Teaching and Training	Program (P)	1	18.10	7.78	0.0058*
	Sex (S)	1	3.03	1.30	0.2549
	Candidacy Status (C)	1	5.29	2.27	0.1332
	P*S	1	1.51	0.65	0.4206
	P*C	1	0.481	0.21	0.6498
	S*C	1	0.646	0.28	0.5987
	P*S*C	1	2.46	1.06	0.3045

*indicates significance at the .007 (.05) level.

7

Inspection of the results in Table 7 revealed statistically significant (at the .007 level) differences between counselor education students and counseling psychology students only in regard to the preferred professional activity of teaching and training. As shown in Table 8, doctoral students in counselor education had greater preference for teaching and training activities. There were no significant differences on the bases of gender or candidacy status for the other six professional activities. There also were no statistically significant interaction effects.

Table 8

Means and Standard Deviations for Significant Differences by Program on Preferred Professional Activities

Variable	Counselor Education Mean (sd)	Counseling Psychology Mean (sd)
Teaching and Training	5.84 (1.43)	5.22 (1.62)

Research Question Three

The purpose of the analysis for question 3 was to determine if there were significant differences in perceived levels of competency among counselor education and counseling psychology students on the bases of

program, gender, and candidacy status. A three-way ANOVA was used to determine the extent to which variance in perceived levels of competence could be attributed to these independent variables.

As shown in Table 9, indicated in the results of the analysis by program was that counselor education students had statistically significant (at the .007 level) higher perceived levels of competency in four of the seven activities: supervision and training, administration, consultation, and teaching and training. The respective means and standard deviations are presented in Table 10. There were no significant differences for the independent variables of gender or candidacy status, nor were there any statistically significant interaction effects.

Research Question Four

A regression analysis was used to determine whether significant relationships existed between number of postbaccalaureate hours completed and doctoral students preferred vocational settings. No significant relationships (at the .007 level) were found for any of the preferred vocational settings.

Research Question Five

A regression analysis also was used to determine whether significant relationships existed between number of postbaccalaureate hours completed and doctoral students preferred professional activities. No significant

Table 9

Analyses of Variance for Perceived Levels of Competency by
Program, Gender, and Candidacy Status

Dependent Variable	Source	DF	SS	F	PR>F
Counseling	Program (P)	1	0.46	0.97	0.3257
	Sex (S)	1	0.22	0.46	0.4988
	Candidacy Status (C)	1	0.154	0.32	0.5712
	P*S	1	0.109	0.23	0.6331
	P*C	1	0.045	0.09	0.7592
	S*C	1	0.00	0.00	0.9858
	P*S*C	1	0.441	0.92	0.3396
Research	Program (P)	1	0.014	0.01	0.9110
	Sex (S)	1	0.312	0.26	0.6075
	Candidacy Status (C)	1	0.103	0.09	0.7676
	P*S	1	0.681	0.58	0.4485
	P*C	1	2.12	1.80	0.1816
	S*C	1	0.181	0.15	0.6956
	P*S*C	1	0.183	0.16	0.6937
Supervision and Training	Program (P)	1	15.32	14.74	0.0002*
	Sex (S)	1	0.027	0.03	0.8707
	Candidacy Status (C)	1	1.72	1.66	0.1987
	P*S	1	0.774	0.74	0.3892
	P*C	1	3.69	3.56	0.608
	S*C	1	0.031	0.03	0.8624
	P*S*C	1	0.107	0.10	.7482
Administration	Program (P)	1	15.63	9.51	0.0023*
	Sex (S)	1	0.260	0.16	0.6913
	Candidacy Status (C)	1	3.06	1.87	0.1735
	P*S	1	1.31	0.80	0.3721
	P*C	1	0.225	0.14	0.7115
	S*C	1	2.607	1.59	0.2095
	P*S*C	1	4.51	2.75	0.0991

Table 9--Continued

Dependent Variable	Source	DF	SS	F	PR>F
Consultation	Program (P)	1	11.47	8.90	0.0032*
	Sex (S)	1	0.256	0.20	0.6563
	Candidacy Status (C)	1	0.00	0.00	.9877
	P*S	1	0.932	0.72	0.3960
	P*C	1	0.134	0.10	0.7470
	S*C	1	0.328	0.25	0.6142
	P*S*C	1	0.056	0.04	0.8347
Writing and Editing	Program (P)	1	0.323	0.21	0.6435
	Sex (S)	1	0.146	0.10	0.7556
	Candidacy Status (C)	1	0.177	0.12	0.731
	P*S	1	0.495	0.03	0.8562 .
	P*C	1	1.74	1.16	0.2827
	S*C	1	1.43	0.95	0.3305
	P*S*C	1	0.05	0.04	0.8482
Teaching and Training	Program (P)	1	20.66	23.46	0.0001*
	Sex (S)	1	0.167	0.19	0.6631
	Candidacy Status (C)	1	0.910	1.03	0.3107
	P*S	1	0.300	0.34	0.5598
	P*C	1	.067	0.08	0.7822
	S*C	1	0.1342	0.15	0.6967
	P*S*C	1	0.494	0.56	0.4548

*indicates significance at the .007 (.05) level.
7

Table 10

Means and Standard Deviations for Significant Differences by
Program on Perceived Levels of Competency

Variable	Counselor Education Mean (sd)	Counseling Psychology Mean (sd)
Supervision and Training	6.04 (.84)	5.44 (1.17)
Administration	5.20 (1.23)	4.53 (1.34)
Consultation	5.55 (1.08)	5.05 (1.16)
Teaching and Training	5.88 (.78)	5.16 (1.06)

relationships (at the .007 level) were found for any of the preferred professional activities.

Research Question Six

A regression analysis also was used to determine whether significant relationships existed between number of postbaccalaureate hours completed and doctoral students perceived levels of competency. No significant relationships (at the .007 level) were found for any of the perceived levels of competency.

Research Question Seven

A regression analysis was used to determine if there were significant differences by program in the relationships between corresponding preferred activities and perceived levels of competency. There were no significant differences by program. However, there were statistically significant relationships between corresponding degrees of preference and perceived level of competency for 6 of the 7 areas: research, supervision and training, administration, consultation, writing and editing, and teaching and training (Table 11). There was not a significant relationship between students' degrees of preference and perceived levels of competency to engage in the professional activity of counseling.

Table 11

Analyses of Variance for Preferred Professional Activities
and Perceived Levels of Competency

Dependent Variable	Source[1]	DF	SS	F	PR>F
Counseling	P*C	1	.6681	1.47	.2275
Research	P*C	1	55.08	61.88	.0001*
Supervision and Training	P*C	1	17.58	18.54	.0001*
Administration	P*C	1	60.14	43.88	.0001*
Consultation	P*C	1	25.20	22.05	.0001*
Writing and Editing	P*C	1	78.61	71.66	.0001*
Teaching and Training	P*C	1	16.04	20.31	.0001*

[1]Preference*Competency

CHAPTER V
DISCUSSION

The purpose of this study was to examine the
preferred vocational settings, professional work
activities, and perceived levels of competency of doctoral
students in accredited counselor education and counseling
psychology programs. Independent variables examined
included program, gender, candidacy status, and number of
postbaccalaureate hours completed.

Significant differences by program were found for 5
of the 13 preferred vocational settings. However, in
regard to preferred professional activities, only one
significant difference by program was found. The doctoral
students' perceived levels of competency differed by
program on four of the seven professional activities.
Differences on the bases of the independent variables of
gender, candidacy status, and number of postbaccalaureate
hours completed were not statistically significant.

The remainder of this chapter includes the
limitations of this study, evaluation of the research
questions, discussion and implications, and
recommendations.

Limitations

The limitations of this study are primarily in regard to the generalizability of the results to other student populations. The targeted population included doctoral students enrolled in accredited (both APA and CACREP) counseling training programs. Ideally, an equal number of men and women, candidates and noncandidates, from both types of programs was desired. Although, in the resultant sample, all sizes were approximately equal, overall there were approximately 10 more women than men in both the counselor education and counseling psychology student subsamples.

Implications of the disproportionate sample are related to the data analyses because unequal cell sizes may result in differential representation among specific subgroups (e.g., female counselor education or students who are candidates). However, although the results of the data analyses presented herein may be somewhat adversely effected in regard to gender differences, the distributions are not so uneven as to make these effects substantive.

Another methodological limitation is in regard to the geographic locations of the programs sampled. Although a nationally representative sample was desired, there was among the respondents a disproportionate number of

counselor education students from programs located in the southern United States. More specifically, six of the counselor education programs were located in the south compared to only three of the counseling psychology programs. The counseling psychology programs selected were more evenly distributed across the country. The implication of this limitation is that it is difficult to generalize the results of this study to all doctoral students enrolled in counselor education or counseling psychology programs throughout the country. However, this distribution does reflect favorably upon available data regarding current distributions of students in counselor education and counseling psychology students in the United States (Hallis & Wantz, 1986). A final methodological weakness was that although students were nested in different sites, site was not taken into account as a variable in this analysis.

Evaluation of Research Questions

Question One

Question one addressed whether there were significant differences in preferred vocational settings of doctoral students in counselor education and counseling psychology programs by program, gender, and candidacy status. Indicated in the results was that there was only a significant difference between the groups on the basis of program. Students in counselor education programs

exhibited a higher degree of preference for working in college/university settings, community/junior college settings, and business and industry settings. In contrast, counseling psychology students exhibited a higher degree of preference for working in Veterans' Administration Hospitals and community mental health agencies. The variables of gender and candidacy status were not bases for differences in the students' preferred vocational settings. These results are, for the most part, consistent with the historical evolution of the respective professions. "Counselor educators" (i.e., doctoral-level graduates of counselor education programs) traditionally have worked in academic settings whereas counseling psychologists have traditionally worked in Veterans' Administration Hospitals and other such community settings. Business and industry settings are a relatively new arena in which mental health professionals are employed, and counselor education students expressed a higher degree of preference for this setting.

Question Two

Addressed in question two was whether there were differences in preference for professional activities among counselor education and counseling psychology students on the bases of program, gender, and candidacy status. A review of the results for professional work activities revealed differences in students' preference to

engage in teaching and training on the basis of program. Counselor education students had a higher degree of preference to engage in teaching and training than did counseling psychology students. Gender and candidacy status were not found to be differential bases for students' preference to engage in professional work activities. These findings are consistent with the counselor education students' greater preference to work in academic settings.

Question Three

Question three addressed whether there were significant differences in perceived levels of competency among counselor education and counseling psychology students on the bases of program, gender, and candidacy status. Students' perceived levels of competency were found to be significantly different by program for four of the seven professional work activity areas. The professional activities on which the groups differed included supervision and training, administration, consultation, and teaching and training. Counselor education students expressed higher perceived competency to engage in each of these activities. There were no significant differences by gender or candidacy status.

Questions Four-Six

Questions four, five, and six addressed whether there were significant differences on the basis of program in

the relationships between number of postbaccalaureate
hours completed and students' preferred vocational
settings, preferred professional activities, and perceived
levels of competency. No significant relationships were
found.

Question Seven

Addressed in question seven were differences by
program in the relationships between students' degree of
preference to engage in professional activities and their
related perceived levels of competency. Although there
were no significant differences by program, there was a
consistent trend among all of the doctoral students. As
the students' degree of preference to engage in
professional activities increased, their perceived level
of (corresponding) competency also increased. This trend
was consistent for all of the professional activities
except counseling.

Discussion and Implications

Completion of this study has resulted in an increased
knowledge base of doctoral students' preferred vocational
settings, professional activities, and perceived levels of
competency. From these findings, there are numerous
implications for theory, training, practice, and research.

Self-efficacy theory holds that the higher the degree
of perceived competency, the stronger the preference to
engage in certain activities. In this study, there were

significant relationships between students' (both counselor education and counseling psychology) perceived levels of competency and their related degree of preference to engage in six of the seven professional activities. Thus, in general, the higher the students' perceived degree of competency, the stronger their preference to engage in related activities. This finding is in accord with self-efficacy theory and lends credence to the potential impact of self-efficacy on vocational decision-making. For example, this finding extends Hackett and Betz's (1981) contention that self-efficacy is an important element in the career decision-making process of both men and women.

Noteworthy was the finding that the professional work activity of counseling was distinctly different from the other six professional activities. There was no significant relationship between students' degrees of preference to engage in counseling and their related levels of perceived competency. This result is surprising because counseling is a central focus of training by faculty for both counselor education and counseling psychology training programs. There are several possible explanations for this which may ultimately have important implications for training and practice.

Foremost, there is a strong academic emphasis on counseling theory and practice in both counselor education

and counseling psychology programs. Coursework in this area is more comprehensive than other areas and leads to considerable exposure of it for students. A possible outgrowth of this exposure is an introspective negative (conscious or unconscious) impact on students' perceived level of competency. As students continually strive to learn more about the theory and practical applications of counseling, they may become less sure of themselves, leading to a reduced sense of self-efficacy. This may be due, at least in part, to extensive self-assessment culminating in questioning of their ability to provide counseling services effectively. Coursework and training in other areas is less comprehensive, and therefore may lead to reduced levels and amounts of feedback as skills in these areas are developed. Students exposed to lesser degrees and amounts of instruction in those other areas may not develop the same sense of "self-doubt" that results from instruction and training in counseling skills.

Another significant implication from self-efficacy theory is related to the finding of Lent et al. (1986) that persistence and success are related to the perception of strength or confidence to engage in certain activities. There were differences in perceived levels of competency to engage in professional activities between counselor education and counseling psychology doctoral students.

Counselor education students reported higher levels of perceived competency to engage in supervision and training, administration, consultation, and teaching and training. A possible derivative of this finding, if the theoretical tenet underlying self-efficacy is viable, is that doctoral students in counselor education may be more successful in activities in which they perceive themselves to be more competent. Therefore, they may be more capable, at least theoretically, of engaging in certain professional activities.

Programmatic differences in students' perceived levels of competency may be a result of the type and nature of the training programs. Counselor education programs are typically housed in colleges of education where the activities of supervision and training, consultation, and teaching and training are likely to receive greater emphasis. In contrast, programs in psychology are traditionally housed in colleges of liberal arts and sciences where the emphasis in training may be more "clinical" in nature (Herr & Cramer, 1987). Thus the results of this study are at least in part consistent with stereotypic conceptualizations of the respective programs.

Gender, candidacy status, and number of postbaccalaureate hours earned were the other independent variables investigated in the context of self-efficacy theory. In regard to gender, Hall (1982) found that

women's levels of confidence and academic career
aspirations declined during the course of academic
training while those of men increased. The results of
this study do not appear to be in concert with Hall's
finding. There were no significant differences on the
basis of gender in relation to preferred vocational
settings, preferred activities, and perceived levels of
competency in this study. Women and men in counselor
education and counseling psychology programs apparently do
not differ in regard to their respective perceived levels
of confidence and preferred professional activities.

Candidacy status and number of postbaccalaureate
hours earned in program also were not related to students'
preferred vocational settings, preferred professional
activities, or perceived levels of competency.
Apparently, students' preferences and perceived competence
develop irrespective of length of time or status in a
preparation program. It is possible that professional
awareness (i.e., knowledge of settings and activities) as
proposed by Myers (1982) is more significant in the
acquisition of self-efficacy than are students' candidacy
status or number of postbaccalaureate hours earned in
program.

In a global sense, it appears that there are many
similarities between students in counselor education and
counseling psychology programs. Both groups express

similar interests in preferred vocational settings and
very similar interests in their preferred professional
activities. The most noteworthy distinction is manifest
in the students perceptions of their competency to engage
in certain professional activities. A plausible
conclusion is that in spite of somewhat dissimilar (at
least theoretically) training programs, the students are
remarkably similar in their preferred professional
aspirations and preferred work activities. Therefore, the
two groups of students and their respective programs
appear to be more alike than they are different.

<p style="text-align:center">Recommendations</p>

If the confusion about the similarities and
differences between counselor education and counseling
psychology preparation is to be alleviated, areas other
than doctoral students' preferred vocational settings,
preferred vocational activities, and perceived levels of
competence will have to be investigated. Issues and
concerns which may prove fruitful to explore include the
actual work activities of counselors and psychologists,
the role of "counseling" in the respective professions,
and the theoretical assumptions underlying effective
training programs.

The actual work activities (i.e., what counselors
actually do) need to be investigated more accurately to
differentiate effectively the professions of counseling

and psychology. A study of the counseling profession, similar in nature to Fitzgerald and Osipow's (1986) Occupational Analysis of Counseling Psychology, should be undertaken. Such an investigation would yield data for effective comparison of the professions.

Suggested in the results of this study is that there exist noteworthy differences between the two groups in their degree of preference for certain professional activities and settings. If actual differences in practice exist, they apparently are not being communicated effectively to the general public. This may contribute to the lack of clear professional identity among counselors and psychologists.

The communication of real or potential differences between the professions of counseling and psychology need to be communicated through the most effective medium. For students and faculty, the inclusion of introductory coursework related to professional identity and awareness needs to be strengthened as an effective means of communicating possible differences among counselors and psychologists. Again, a more thorough occupational analysis of the counseling profession may create more definitive descriptions of what counseling is and what counselors and psychologists actually do. Inclusion of such information in job descriptor manuals such as the Dictionary of Occupational Titles also could conceivably

assist in more accurately distinguishing between the two professions.

An outgrowth of this study is that the theoretical assumptions underlying counselor and psychologist training programs need to be examined. For example, within the context of self-efficacy theory, there were significant relationships between preferred professional activities and perceived levels of competency for all of the professional activities except counseling. Because counseling serves as the central activity of counselors and psychologists, this inconsistency needs to be addressed using appropriate and perhaps innovative research methodologies to determine the bases and accuracy of students' perceptions. The methodologies also need to be developed to assess whether perceived levels of competency generalize to increased persistence and success in professional work activities. These methodologies then also could be applied to the broader spectrum of mental health service providers including psychiatrists, clinical psychologists, and social workers to assist in distinguishing between other mental health service providers.

In Conclusion

The purpose of this study was to determine the preferred vocational settings, preferred professional activities, and related levels of perceived competency of

doctoral students in accredited counselor education and counseling psychology programs. The independent variables included program, gender, candidacy status, and number of postbaccalaureate hours earned in program.

The results of the study sugggest a strong overall similarity between students' perceptions of their respective professions of counseling and psychology. The doctoral students differed according to program on 5 of 13 preferred vocational settings. There were also differences by program on students' perceptions of their competency to engage in 4 of 7 professional activities. Doctoral students in counselor education programs perceived themselves to be more competent to engage in the professional activities of supervision and training, administration, consultation, and teaching and training.

Additional research needs to be undertaken to explore the role of "counseling" as a central activity of both professions. Furthermore, the actual work activities of counselors need to be explored to ascertain how they are similar and different from those of psychologists. Finally, the theoretical assumptions underlying training programs need to be examined to determine if perceptions of competency generalize to more effective performance of professional services.

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APPENDIX A
DOCTORAL STUDENT QUESTIONNAIRE

DOCTORAL STUDENT QUESTIONNAIRE

Institution: _____

Gender: Male_____ Female_____

Number of <u>post</u> - baccalaureate credit hours completed
toward doctoral degree_____.

Have you been (formally) admitted to candidacy for your
doctoral degree? _____ Yes _____ No

Please indicate your degree of preference for working in
EACH of the settings listed below immediately upon
graduation from the doctoral program in which you are
enrolled. Please use a scale of 1 to 7 where 1 = very low
preference to 7 = very high preference.

_____ College/University academic (teaching) position

_____ Community/Junior College academic (teaching)
       position

_____ College/University Counseling Center

_____ Community/Junior College Counseling Center

_____ Veterans Administration (VA) hospital

_____ Federal/State Agency

_____ Community mental health agency

_____ Business/industry setting (e.g., personnel
       division)

_____ Private practice

_____ Public/private research facility

_____ Public Schools

_____ Publishing/testing company

_____ Other
       (Please Specify)_____

Please indicate your degree of preference for engaging in EACH of the activities listed below after graduation from the doctoral program in which you are currently enrolled. Please use a scale of 1-7 where 1 = very low preference to 7 = high preference.

_____ Counseling

_____ Research

_____ Supervision and Training

_____ Administration

_____ Consultation

_____ Writing and Editing

_____ Teaching and Training

Please indicate what you perceive will be your level of competence in EACH of the activities listed below immediately upon graduation from the doctoral program in which you are enrolled. Please use a scale of 1 to 7 where 1 = minimally competent to 7 = highly competent.

<u>COUNSELING</u>

1. _____   Collect data about individuals through use of interview, case history and observational techniques.

2. _____   Select administer, and/or interpret aptitude and achievement tests designed to assess an individual's abilities (e.g., SAT's, GATB, etc.).

3. _____   Select, administer and/or interpret aptitude and achievement tests designed to assess individual's vocational interests (e.g., SCII, KOIS, etc.).

4. _____   Select, administer, and/or interpret standardized personality inventories (e.g., MMPI, CPI, etc.).

5. _____   Select, administer, and/or interpret individual intelligence tests (e.g., WISC, WAIS, etc.).

6. _____ Select, administer and/or interpret projective
personality assessment devices (e.g., Rorschach,
TAT).

7. _____ Evaluate data to identify causes of individual's
problem(s) and to determine advisability of
counseling or referral to other specialists,
institutions, or programs.

8. _____ Conduct counseling interviews to assist
individual to identify and implement his/her
vocational plans.

9. _____ Provide and interpret occupational, educational
and other information to enable individuals to
formulate realistic vocational plans.

10._____ Assist individual with job search skills, e.g.,
resume preparation, job interview skills, etc.

11._____ Conduct group counseling sessions to assist
individuals to explore, identify and implement
realistic vocational plans.

12._____ Conduct individual counseling interviews to
assist individual to gain insight into personal
problems, plan appropriate adjustment
strategies, and change behavior where
appropriate.

13._____ Conduct in-depth individual counseling
interviews to assist persons with long standing,
and/or severe emotional and adjustment problems.

14._____ Conduct group counseling sessions to assist
individuals gain insight into personal problems,
plan appropriate adjustment strategies, and
change behavior where appropriate.

15._____ Conduct couple or family counseling to assist
couples and families to reduce conflict, improve
communication and attain improved relationships.

16._____ Conduct time-limited, focused group
counseling/training sessions to assist
individuals to gain particular skills and
behaviors (e.g., assertiveness training,
interpersonal communication, study skills,
workshops, etc.).

RESEARCH

1. _____ Review research literature for purposes of critique, integration, and/or generation of needed areas of inquiry.

2. _____ Formulate hypotheses and select or develop experimental designs to test hypotheses.

3. _____ Select, control, and modify variables in laboratory experiments, and observe and record behavior in relation to those variables.

4. _____ Select and observe variables in field experiments, and observe and record behavior in relation to variables.

5. _____ Analyze results of observations using statistical techniques, and evaluate significance of data in relation to original hypothesis.

6. _____ Collaborate with scientists in other fields, such as education, sociology, physiology, etc., in conducting interdisciplinary studies of behavior and formulating theories of behavior.

7. _____ Write paper describing experiments and field studies and interpreting results for publication or for presentation (e.g., scientific/professional meetings, colloquia, etc.)

8. _____ Design develop and investigate interview techniques, ratings scales, and/or psychological tests to assess skills, abilities, aptitudes, interests, and attitudes.

9. _____ Engage in follow-up of counselled individuals to evaluate effectiveness of treatments and/or satisfaction of clients.

10._____ Engage in research to develop and improve diagnostic and counseling techniques.

11._____ Develop proposals for financial support of research projects.

SUPERVISION AND TRAINING

1. _____ Monitor the delivery of services by trainees through direct observation, the use of audio and videotape, and/or other methods as appropriate, in order to assure quality of service and aid supervisee to increase competence and overcome weaknesses.

2. _____ Evaluate the impact, adequacy, and quality of the delivery of services in order to provide appropriate feedback to staff and trainees.

3. _____ Conduct individual and group supervisory sessions with staff and trainees, using feedback, modeling, interpretation, and other informal teaching techniques in order to assist supervisees to improve their conceptual and practical skills in delivering services.

4. _____ Write and maintain summary reports of supervisee progress in which strengths and weaknesses are highlighted, in order to assist supervisees in their further professional development.

TEACHING AND TRAINING

1. _____ Teach one or more subjects within a prescribed undergraduate or graduate curriculum.

2. _____ Prepare and deliver lectures to students.

3. _____ Provide tutorials to selected students.

4. _____ Compile bibliographies of specialized materials for outside reading assignments.

5. _____ Develop, assign and evaluate homework and fieldwork projects.

6. _____ Evaluate student progress and assign grades for courses.

7. _____ Compile, administer and grade examinations, or assign this work to others.

8. _____ Direct research of graduate students working for advanced degrees (i.e., M.A., Ph.D.).

9. _____ Advise students (e.g., academic curricula and progress, financial aid, rules and regulations, etc.).

10._____ Acts as advisor to student organizations.

11._____ Serve on department and university committees (e.g., promotion and tenure, graduate admissions, etc.).

12._____ Train and supervise graduate students in individual and group counseling activities.

13._____ Serve on examination committee (MA, Ph.D., undergraduate).

14._____ Make field visits to training sites and arrange for student placement.

15._____ Develop training methods and materials such as courses, curricula, lectures, films and manuals.

16._____ Write letters of recommendation for students applying for advanced degrees or employment.

ADMINISTRATION

1. _____ Conduct formal and informal needs assessment of institution or agency, to facilitate the planning, design, and delivery of adequate counseling services, training and/or research.

2. _____ Plan and design services and programs; organize and identify particular programs or services to be delivered.

3. _____ Assign tasks to individuals in organization or agency, taking into account particular skills and training of the staff in order to assure the most effective and efficient use of human resources.

4. _____ Evaluate staff performance through regular and systematic observation of staff members in the delivery of their assigned services, in order to assure the quality of service delivery.

5. _____ Allocate departmental, agency or institutional resources by deciding on the particular use of money, equipment, personnel, etc. in order to assure a most effective use of such resources.

6. _____ Represent the unit on institutional and policy making bodies.

CONSULTATION

1. _____ Conduct client interviews with client organizations and related persons in order to identify and ascertain the nature and extent of their needs.

2. _____ Provide information to client consultative populations regarding the nature and availability of psychological services, in order to advise them regarding services and methods that might be useful in their setting.

3. _____ Provide psychological services, including counseling, training, research, etc., to clients on a contractual basis to assist clients to meet their needs as agreed upon.

4. _____ Evaluate psychological services and programs including training in-house staff of client agency in evaluative techniques, to assure that client needs are met.

5. _____ Prepare reports on consultation and submit them to client.

6. _____ Serve and testify as expert witness on behalf of client, in special knowledge areas.

WRITING AND EDITING

1. _____ Review and synthesize relevant literature concerning empirical and conceptual issues.

2. _____ Write original theoretical and empirically-based books, articles, and papers, either alone or in collaboration with one or more colleagues, in order to contribute to the development of theory and knowledge in the field of counseling psychology.

3. _____ Assign articles for analysis and review to consulting editors and other professionals in order to insure the professional quality of manuscripts published in the field.

4. _____ Analyze and review books and manuscripts of other authors, using knowledge of psychological theory and research techniques, style, etc., in order to advise concerning the conceptual and stylistic clarity, and to advise concerning the appropriateness of publication.

5. _____ Write books and articles for the general public to enhance its understanding of mental health and personal functioning.

APPENDIX B
COVER LETTER TO CHAIRPERSONS OF ACCREDITED PROGRAMS

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Date

University of Florida
Department of Counselor Education
1215 Norman Hall
University of Florida
Gainesville, Fl 32611

Chairperson
Counselor Education

Dear Dr.

I am a doctoral student in Counselor Education at the
University of Florida. I would like to request your
assistance for my dissertation. The intended purpose of
my study is to explore the vocational aspirations,
professional activities, and perceived levels of
competence of doctoral students in professional counselor
training programs. As the chairperson of an accredited
program, I hope you will be willing to take a few minutes
of your time to assist me.

Participation would require you to first mark "yes" on the
enclosed postcard and return it to me at your earliest
convenience. Next, you would receive a packet of surveys
(postage provided) with cover letters, for each doctoral
student. Your task would be to identify up to 15 doctoral
students in your program and to distribute the instruments
to them. The instrument (I've included a sample of the
instrument for your perusal) requires approximately 10
minutes for the students to complete; participants will
receive self-addressed stamped envelopes to return them.

Participating institutions will be acknowledged in the
dissertation, but specific responses will not be
associated with specific institutions or persons.   In
addition, I will be pleased to share with you the results
of my study when they become available. If you would like
a copy of the results, please so indicate on the enclosed
postcard. If I do not hear from you in the next 10 days,
I will attempt to contact you by phone.

I appreciate your consideration in regard to my research
and I hope to hear from you soon.

Sincerely,

John Poidevant Ed.S.

APPENDIX C
COVER LETTER TO DOCTORAL STUDENTS

February 23, 1989

Counselor Education Department
University of Florida
1215 Norman Hall
Gainesville, Fl 32611

Dear Fellow Doctoral Student:

I would like to request your participation in a study I am
conducting. I am a doctoral student in Counselor
Education at the University of Florida in Gainesville,
Florida. The purpose of my study is to explore the future
vocational settings and professional activities of
doctoral students. Also, doctoral students' perceived
level of competence to engage in professional activities
will be assessed.

In order to be eligible to participate you need to be a
doctoral student (either EDD or PHD) in a CACREP or APA
approved training program and registered for at least 3
semester hours of credit. Participation in the study
requires completing the attached questionnaire
(approximately 8-10 minutes) and returning it to me in the
enclosed self-addressed envelope.

I would certainly appreciate you taking a few minutes to
fill out the questionnaire. If you are interested in the
results of my study, please contact me.

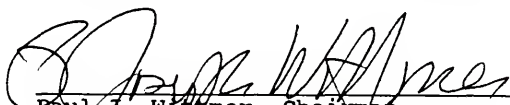Sincerely,

John Poidevant Ed.S.

BIOGRAPHICAL SKETCH

John M. Poidevant was born on January 16, 1961, in Jacksonville, Florida. He is the youngest of two sons born to Azzeal Leo and Anne M. Poidevant.

In 1979 he graduated from The Bolles School in Jacksonville, Florida. He attended The Florida State University and graduated in 1983 with a degree in elementary education. In 1985 he completed his Master of Education and Specialist in Education degrees in school psychology from the University of Florida. In 1986 he re-enrolled at the University of Florida where he continued study toward the doctoral degree in counselor education.

John has been active in a variety of professional organizations including Chi Sigma Iota, American Association for Counseling and Development, Florida Association for Counseling and Development, National Association of School Psychology, Florida Association of School Psychology, and Florida Mental Health Counselors Association. He has made numerous presentations at local and state levels.

John's professional interests include counseling children, professional identity issues and supervision and training. His personal hobbies include camping, sports, kayaking, guitar, and photography.
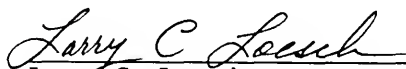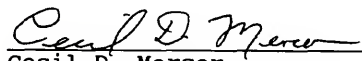
I certify that I have read this study and that in my
opinion it conforms to acceptable standards of scholarly
presentation and is fully adequate, in scope and quality,
as a dissertation for the degree of Doctor of Philosophy.

Paul J. Wittmer, Chairman
Professor of Counselor Education

I certify that I have read this study and that in my
opinion it conforms to acceptable standards of scholarly
presentation and is fully adequate, in scope and quality,
as a dissertation for the degree of Doctor of Philosophy.

Paul W. Fitzgerald
Professor of Counselor Education

I certify that I have read this study and that in my
opinion it conforms to acceptable standards of scholarly
presentation and is fully adequate, in scope and quality,
as a dissertation for the degree of Doctor of Philosophy.

Larry C. Loesch
Professor of Counselor Education

I certify that I have read this study and that in my
opinion it conforms to acceptable standards of scholarly
presentation and is fully adequate, in scope and quality,
as a dissertation for the degree of Doctor of Philosophy.

Cecil D. Mercer
Professor of Special Education

This dissertation was submitted to the Graduate
Faculty of the College of Education and to the Graduate
School and was accepted as partial fulfillment of the
requirements for the degree of Doctor of Philosophy.

August 1989

_____
Dean, College of Education

_____
Dean, Graduate School